

# **The Black Woman And Breast Cancer Make A Lifestyle Change**

## **Do Not Ignore This Information**

**If You Are Not Ready To Die You Need To Read This Message  
If You Do Not Want Your Son To End Up in Prison You Need To Read This Message  
If You Do Not Want Your Daughter To Be a Prostitute You Need To Read This Message  
The Greatest Gift To Give Your Children Is You  
Fight to Stay Alive Live Long Enough To Watch Your Children Grow**



**A person has one moment in time to either do good with or to do bad with. That is all. This is your moment what are you going to do? Are you going to ignore this information and run away and hide or are you going to gird your loin and stand up to breast cancer? Your children await your answer!**

**Presented By Touched By The Light Foundation**

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## **Make A Lifestyle Change**

### **Do Not Ignore This Information**

You may not like to read, or you may have difficulty reading but this is information you can ill afford to ignore. Reading gives you information to develop thoughts. In this circumstance the thoughts you develop may save your life. Your survival and the lives of your children depend on your ability to think clearly. You need to read information such as this. Any Day Now you maybe told you have breast cancer then what are you going to do. Are you going to fall down on your knees and shout Oh Lord, Why Me, or are you going to read this information using the eyes and ears God gave you so you can accumulate information to fight for your life? You gain intelligence through reading, collecting bits and pieces of knowledge assimilating this knowledge into a life worth living. Do not let the bad habits of avoidance and not reading destroy your life. If you want to live until tomorrow read. Sit down take your time and spend days reading this information. Read on your lunch hour. Read on the bus. Read anywhere so you can gain the knowledge you need to fight for your life. To make competent decisions regarding your life you need information. You can get this information by reading and asking questions. Do it today. Develop a fondness for reading. What happened to you in grade school or high school should not impact your life today. You do not have time to feel ashamed that you cannot read. What you cannot do today you can learn to do tomorrow. The person you were in grade school or high school is not the person you are today. Your destiny is in your hands. Prophesize your own destiny do not let others who spoke negativity into your life rule you forever. Do not let people who said you would not amount to anything continue to rule your life. **Do Not Let Fear** rule your life. Stop imagining what will happen if you are diagnosed with breast cancer. Stop imagining you will have to have your breasts removed. Stop imagining your husband leaving you because you have been disfigured. Stop imagining how you will look without hair. Stop imagining. Your children do not care if you have two breasts, one breast or no breasts. They just want to wake in the morning and see your face. Do not have your children imagining living a life without you. When you stand up to breast cancer your children stand a chance of not being left motherless. Think of your children get a mammogram. Ordinary men and women have done extraordinary things though out history. You can too. You can change. You can take responsibility for your health. You possess the strength and the resiliency to face up to breast cancer. Make your greatest change today. Begin Reading. Start with this packet on breast cancer. God sent you this information now read it and from this day forth start a reading campaign. You will be surprised by what you will learn and gain in understanding. Besides the world is a better place with you in it. We should not stop talking about breast cancer until there are no longer women dying from this disease. Every day you need to do something to help yourself and other women because therein lies our protection and welfare. Go to our website download the information send it to five friend of family member and purchase one of our books to help someone else. Then ask your friends and family to like you send our

information to (5) other women, spreading the word about breast cancer. You do not have time to sit and cringe in fear. You need to be busy accumulating knowledge to stand up to breast cancer. If you do not want to face an angry young man with a gun in his hands because he was raised in foster care, you will help us with this project. Children need their mothers. Two of the most brutal murders committed in this country were committed by a man raised in foster care separated from his brother and family. Say what you like about foster care it is not substitute for family. Foster care breeds anger, fear distrust and hatred and provides a constant supply of prostitutes for pimps. Children in foster care pray day in and day out asking God to help them because they are being raped in their beds. That help never comes. What do you think those children grow up thinking about God? Foster care is a monster growing larger and larger in our country creating people who will never join our society as health people. If 200 women email our 48-page booklet to 5 women, 1000 women will have the information in minutes. If those 1,000 women email out booklet to 5 more women 5,000 women will have our information in minutes. If those 5,000 women email our information, 25,000 women will have our information in minutes. If the women continue the process over 1 million Black women will have this breast cancer information by the end of the week. At least 10% of those women will not know they are harboring the disease in their bodies. If they go immediately to get a mammogram the disease will be discovered, and our efforts would have saved countless lives. Should you not participate in this effort?

We should not stop talking about breast cancer until there are no longer women dying from this disease. Every day you need to do something to help yourself and other women because therein lies our protection and welfare. Go to our website download the information send it to a friend, family member, coworker, or church member and purchase one of our books to help someone else. Thank you for your attention Thank you for your attention. It was our pleasure to collect and bring this information to you. This program is being supported by the Touched By The Light Foundation, 734 786 3233, MCS Multimedia, 248 336 2529 Muse Income Tax Service 313 273 3064 - Menzie Salon and Spa, 586 510 4545 and Sunday Go Lessons <https://www.sundaygolessons.com/> 734 444 7821

**The information in this booklet was collected from various websites to provide insight into the subject of breast cancer. We tried to list all websites so you can visit for more detail information on the subject. This booklet will never be sold. It is available to be downloaded to simplify the subject of breast cancer and to make this disease less frightening to women of color.**

Sincerely, Minister Gloria G. Lee, [yithril11@netzero.net](mailto:yithril11@netzero.net) 734 786 3233 <https://touchedbythelight.us>

**Acknowledgement:** the information in this booklet was assembled from many sources by the staff of the Women of Courage Show and the Women and Children Restoration Ministries. You can find this information on the internet. We take no ownership of this information. We tried to present the information in its original format indicating all authors. We assembled this booklet to provide you with as much information that we could regarding breast cancer. We believe the more information that you have on any particular subject will help you make wise and informed decisions. Please share this booklet with friends and family and coworkers. God Bless

# Black women are missing from breast cancer tumor data. And that may be killing them.



[Nada Hassanein](#)

USA TODAY

Published Feb. 19, 2022

## **Breast cancer survivor says early detection can save lives.**

Breast cancer survivor Yolanda Bush, a data coordinator at MD Anderson Cancer Center in Camden, N.J. speaks about the importance of early detection, Adam Monacelli, Cherry Hill Courier-Post

New research showing genetic differences in breast cells suggests standard treatments for breast cancer are less effective for Black women, who disproportionately suffer and die from the disease.

The study from the Sanford Burnham Prebys Medical Discovery Institute highlights the need to include more Black people in trials, experts said. More inclusive data is essential to help fill knowledge gaps and improve treatment plans.

“We really need to take that on board and say, ‘Are we doing the best job we can in implementing precision medicine for everyone? Or have we been using a one-size-fits-all approach for a little too long?’” said lead author and cancer researcher Svasti Haricharan.

Black women have the highest breast cancer death rates of any racial group – 40% higher than white women and more than double Asian and Pacific Islander women, who have the lowest death rates, according to the [American Cancer Society](#). Often diagnosed at younger ages than white women, Black women under 50 die at [double](#) the rate of white women. More than a fifth of breast cancers in Black women are triple negative, the most aggressive form.

For the [study](#), researchers looked at cells of women with the most common breast cancer subtype, estrogen receptor positive (ER+), which is less aggressive and more treatable.

The researchers found genes that repair DNA damage signal differently in Black women's breast cells compared with white women's cells. Eight specific genes behind DNA repair were expressed differently in Black women, as well as other markers that influence how fast cells grow.

These differences were associated with lower survival rates and could make ER+ cancer in Black women less responsive to the standard treatment plans that work well in white women – on whom the treatments were mostly tested, according to the authors of the study published last week in *Therapeutic Advances in Medical Oncology*. The findings suggest Black women with this type of breast cancer could benefit from earlier treatment with CDK inhibitors, a type of drug that helps stop cancer cells from multiplying.

“When Black women get this extremely treatable, curable form of breast cancer, they actually have much worse outcomes than white women who get this disease,” Haricharan said. “We should be doing things differently in the clinic. ... (Black women are) getting worse quality of treatment than white women, just because we don't understand what's happening in those breast cancer cells as well as we understand what's happening in breast cancer cells in white women.”

### [Long drives and limited options: Indigenous women with breast cancer face harsh reality](#)

Increasing the representation of Black women in breast cancer clinical trials – which mostly consist of white women – would help. Black people are underrepresented in cancer clinical trials, making up just [7% of enrollment](#).

“There's underrepresentation in these data sets that then are used for treatment recommendations,” said Vivian Bea, a breast cancer specialist surgeon at Weill Cornell Medicine in New York City.



“In order for precision medicine to really be equitable, to really transcend or not just be applicable to one race or ethnicity, we really have to put our heads together and find ways in which we can increase clinical trial enrollment,” Bea said.

Black women's disparities in deaths and responses to treatments are a reflection of historical exclusion and racism, Bea said. Landmark trials that changed the face of how breast cancer is treated lacked Black women, she noted. The study highlights differences that get overlooked because of a lack of diversity in clinical trials that define treatment.

“Clinical trials matter,” she said. “You have to have representation in order to make these treatment recommendations for precision medicine to work.”

It's why she and her team developed a process to educate and empower patients to understand the importance of trials and take part.

"The cause of higher mortality in Black women is multifactorial," she said. "We have to continue to put these pieces of the puzzle together to determine why that disparity exists so that we can then combat it. This is one small piece of the puzzle that is highlighting that molecular factors may be contributory."

### [An 'open wound': How nurses of color fight the rampant racism plaguing their field](#)

Nikhil Wagle, a medical oncologist and cancer researcher at Dana-Farber Cancer Institute and the Broad Institute, commended the study and said he's looking forward to follow-up research.

"This study is a great first step," he said. "And now more work needs to be done in larger data sets to validate these findings and continue to make more discoveries like this, so that we have equitable precision medicine."



Wagle said a lack of Black representation in treatment studies and data is "a huge problem" within the field. He leads an effort to create a large, diverse cancer data set as director of Count Me In, a nonprofit that allows patients to share medical information, experiences and samples to propel research.

"It sets up a lot of questions that need to be asked and need to be further validated in larger data sets and with more rigorous prospective trials," Wagle said about the study. "Precision medicine is only as precise as the underlying information that went into making those decisions. And so the disparities exist: both the disparities in cancer care but also the disparities in cancer research. And both of those things need to be corrected

# Curvy Model and Former ‘American Idol’ Contestant Joanne Borgella, Dead at 32

By Yolanda Sangweni

[506 Comments](#)



Photo Credit: Neilson Barnard/ Getty

Former *American Idol* contestant Joanne Borgella has lost her battle with cancer.

The 32-year-old plus-size model was diagnosed with endometrial cancer a year ago, according to her family's [Facebook post](#) announcing her death. "Since her diagnosis over a year ago, Joanne made a choice to also be a fighter and share her journey with the world," read the post.

"Her faith, courage and strength were unshaken throughout every obstacle she encountered."

A singer and model, Borgella made it to the top 24 on season 7 of *American Idol* in 2008, three years after appearing on *Mo'Nique's Fat Chance*.

She signed with Wilhelmina Models after [being discovered at the ESSENCE office](#) and modeled for brands like Ashley Stewart and Macy's. She also created [Joanne Borgella New York](#), a clothing line for curvy women, and appeared on *Curvy Girls*, a reality show which airs on NUVOTV.

ESSENCE declared Borgella our "[curvy model of the month](#)" in May 2013. Asked what her favorite feature was, Borgella declared, "My personality!"

"I love people and I love who I am—I'm true to that. And I wear my curves with pride," she said.

Borgella is the second season 7 *American Idol* contestant to pass away in the past three months. Fellow contestant Michael John [passed away](#) on August 4.

Our thoughts and prayers are with the Borgella family



Source: Getty Images

## Shaquille O'Neal's Sister Passed Away After a Long Battle with Cancer

By [Brittany Vincent](#)

Oct. 27 2019, Updated 12:06 p.m. ET

[Shaquille O'Neal's](#) sister [Ayesha Harrison-Jex](#) has been in the news as of late. While you may not have realized Shaq actually had any brothers or sisters, Ayesha is one of three siblings to the legendary NBA player.

Some rather distressing news has been floating around online about her over the past day or so. What's going on with the family? Here's everything we know about the situation so far.

### What happened to Shaquille O'Neal's sister Ayesha Harrison-Jex?

Unfortunately, Shaquille's sister Ayesha Harrison-Jex passed away from a long battle with cancer on Thursday, Oct. 24. She was just 40 years old. Originally diagnosed with cancer three years ago, Ayesha had been struggling against the disease for some time.

In fact, one of her most recent outings near the end of her life was to appear at a charity event for cancer held by her family's organization, the [Odessa Chambliss Quality of Life Fund, Inc.](#) It's named after Shaq's grandmother.

"Ayesha Harrison-Jex graces the runway after she shared her testimony as a cancer survivor during the Celebration of Life Fashion Show," the organization captioned a photo of Ayesha.



Source: Facebook

She looked positively glowing after having shared her story with the audience in attendance. The event just took place earlier in 2019 on May 22.



Source: Facebook

Shaq was quite close with his sister and siblings while growing up. According to Ayesha in an excerpt from Shaq's novel [Shaq Talks Back](#), she grew up alongside her brother and other siblings as Shaq would take point on ensuring the family was well taken care of.

“People call him ‘Shaq’ but it just doesn’t seem right to me. To me, he’ll always be Shaquille. Shaq is almost like another person,” wrote Ayesha of her brother.

TNT's *Inside the NBA* crew and Shaq's co-stars aired a touching tribute to Ayesha as a sweet gesture to Shaq and his late sister as well as their mother Lucille during a recent episode of the show.

Source: Facebook

Shaq's sister, Ayesha Harrison-Jex, died of cancer at 40 years old this morning.

## Politician Maya Rockeymoore Cummings Reveals Why She Chose to Have a Double Mastectomy Weeks After Her Husband's Death

Few women would choose to have both of their breasts removed a few weeks after their husband died and shortly after announcing a run for Congress. Here's why I did.

By Maya Rockeymoore Cummings October 12, 2021



In 2005, my boyfriend discovered a lump on my breast. I went in to have it checked out and the doctor recommended a biopsy. The lump turned out to be benign fatty tissue, but the sample revealed that I had lobular carcinoma in situ (LCIS), the presence of abnormal cells in my breast lobules. At the time it was also called stage 0 [breast cancer](#), and I was assured that it was not cancer but rather an early indicator for developing it later. The doctor suggested I start taking Tamoxifen [a drug recommended to reduce breast cancer risk in pre- and perimenopausal women by blocking the effects of estrogen in breast tissue] as a preventative measure—a recommendation I declined to follow because I read that the medication could interfere with my having children. I discussed the diagnosis with my mother and sister, but we treated it as a curiosity and moved on.

**RELATED: [20 Things to Know About DCIS, or 'Stage 0' Breast Cancer](#)**



Credit: RYAN DONNELL

## **A Family Affair**

That boyfriend, Elijah Cummings, became my husband in 2008, and even with our increasingly busy lives—he in Congress and me running a consulting firm—I managed to stay on top of my breast health with a more rigorous, every-six-months breast-exam schedule. Then, in 2014 I received a call from my mother that rocked my world. She had been diagnosed with stage 4 inflammatory breast cancer. My younger sister, Meredith, and I were shocked because my mom never missed her annual mammograms, and yet she was still diagnosed at the last stage of the disease. Over the course of one year, we watched as her once imposing 5-foot-11-inch frame became just skin and bones and her interest in the outside world shrank. Her transition from the hospital to the hospice was one of the most heartbreaking times of my life. It was both surreal and painful listening to my sister Meredith, a physician, coordinating the morphine doses and feeding tube instructions with the nurses. I was beside my mother's bed, listening to her ragged, labored breathing, in the early morning hours when she died. My mother passed away one day before her 69th birthday.

Two years after my mother died, Meredith was diagnosed with stage 2 breast cancer. And over the course of two years, she underwent chemotherapy, a double mastectomy, surgical removal of all her fingernails due to an infection caused by chemotherapy, and radiation therapy. But before she could schedule her reconstructive surgery, the other shoe dropped in my life.

**RELATED:** [How This Tattoo Artist Is Helping Breast Cancer Survivors Heal](#)

Elijah, my beloved husband of 12 years and best friend for 20, had been privately battling a rare form of cancer for more than 25 years.

Things took a turn for the worse in the summer of 2019. Even as his own health was rapidly deteriorating, he took the time to urge me to undergo a preventative double mastectomy, saying, "Maya, you are always taking care of other people. It's time to put yourself first."

My husband died not too long after I scheduled my surgery. I was devastated and numb. After the burial, I went on autopilot and turned to what lay ahead in my immediate future: Would I run for Elijah's seat in Congress, and, if so, should I be fully transparent about my planned surgery, or should I keep it a secret? Driven by what had been our shared passion for public service (Elijah and I met on Capitol Hill, where I once worked as a congressional staffer for a House committee and other members of Congress), I made the decision to run for his seat. Several people suggested that I reschedule the surgery for after the campaign. But I resisted that advice for three reasons: to keep my promise to Elijah to prioritize my health; to avoid the same struggles he faced to keep his own health battles secret, ultimately dying without the benefit of giving everyone who loved him a chance to say their goodbyes; and to avoid having the surgery news leaked through the media and losing the public's trust. Full transparency was the only way to go.

**RELATED: [Shannen Doherty Shares 'Truthful' Photos From Her Personal Journey With Breast Cancer on Instagram](#)**

## **The Right Decision**

I made a double announcement about my campaign launch and scheduled procedure on MSNBC's *Rachel Maddow Show*. Shortly thereafter, I went into the hospital for the operation. Meredith, a Johns Hopkins– and Harvard-trained anesthesiologist, flew in to help oversee my surgical prep and recovery. Thanks to my sister's expert guidance—which minimized my postsurgical pain—and the talented health care professionals at Johns Hopkins hospital, the procedure was a success.

The week after, Meredith and I met with one of the surgeons to go over the pathology report analyzing my breast tissue. My sister scanned the report as the doctor explained the results and said loudly, "Hallelujah!" I didn't understand the medical terminology, but it turned out that the report showed my cells were in the process of changing. I wouldn't have an appreciation for what this meant for several more months.

Although I was back out on the campaign trail two and a half weeks after the surgery, I lost the special election for my late husband's seat

in February 2020. And just a few weeks later, the world stopped because of a [novel coronavirus](#). If I had delayed the elective procedure, it would have likely been postponed indefinitely due to the demands that COVID patients placed on most hospitals then. The pathology report underscored that if I had waited any longer, I would have gotten breast cancer.

**RELATED: [7 Breast Cancer Charities to Consider When Making Charitable Donations](#)**

## Beyond Me

If there's anything my family's story has taught me, it's that there are still so many unresolved questions in health care about breast cancer diagnosis.

Although there is clearly a genetic factor linking our cases, neither my mother, my sister, nor I tested positive for the BRCA gene. And contrary to the studies that suggest Black women are more likely to be diagnosed with breast cancer at later stages because they lack access to health care, my mother had uninterrupted access her entire adult life. But the tissue in her breasts was very dense, in line with research that shows Black women tend to have denser breast tissue, making it more difficult to detect abnormalities through a traditional mammogram.

Until the health care industry prioritizes imaging and genetic testing beyond mammograms and BRCA that apply to more and diverse women, these disparities will continue to negatively impact hundreds and thousands of breast cancer patients.

My advice to other women who are concerned about their breast health? First, self-care matters. Incorporate lifestyle changes, such as exercise, healthy eating, meditation, and regular and annual exams, to help reduce possible risk. Second, get to know your family health history by asking your relatives to share what conditions they and other family members have experienced, so that you can be on the lookout for possible medical minefields. Third, become an advocate. Call on Congress to increase breast cancer research funding for the National Institutes of Health and help raise funds for organizations such as the Breast Cancer Research Foundation and the Black Women's Health Imperative. My hope is that if we maintain efforts to align systems, procedures, and diagnostic tools with the needs of *all* women, we can prevent, treat, and beat the scourge of breast cancer.

*Maya Rockeymoore Cummings, PhD, is a writer, speaker, consultant, and strategist. She is the author of the forthcoming book *Rageism: Identity, Inequality and the Quest for Liberation Policy* (Routledge).*

*This article originally appeared in the October 2021 issue of Health Magazine. [Click here to subscribe today!](#)*

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- By Maya Rockeymoore Cummings

The PMC website is updating on 03/21/2022. Try out this update now on [PMC Labs](#) or [Learn more](#).

- [Journal List](#)
- [BMJ](#)
- [v.337\(7660\); 2008 Jul 5](#)
- PMC2443578



[BMJ](#). 2008 Jul 5; 337(7660): 12–13.

doi: [10.1136/bmj.a586](#)

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PMID: [18595946](#)

## **Black women in US have lower survival rates from breast cancer than white women**

[Roger Dobson](#)

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Black women in the United States are less likely to survive breast cancer than white women, regardless of the stage at which the cancer is diagnosed, a study has found.

The biggest disparities were in women aged under 40 who were diagnosed as having stage one or unstaged disease. They were twice as likely to die as white women diagnosed at the same stage (*Journal of Surgical Research* 2008 Jun 23; doi: [10.1016/j.jss.2008.05.020](#)).

Black women were less likely to have had surgical excision of their breast cancer and less likely to have radiation therapy.

“A better understanding of the patient, physician, tumour, and treatment factors contributing to the disparity in survival outcomes between black and white women may lead to interventions that reduce racial disparities in breast cancer survival,” say the authors.

“Our analysis, which controlled for several variables associated with survival, demonstrated significantly poorer survival for black women under 65 years of age at all stages of disease within each age group.”

The study, which aimed to see whether disparities exist at all stages of breast cancer and in all age groups, used data from two decades about 20 424 black and 204 506 white women

diagnosed as having first primary breast cancer. A total of 56 773 women died, 28 802 (51%) from breast cancer.

The results show that black women were more likely than white women to be diagnosed in the under 40 (10.8% v 5.7%) and the 40-49 (24.6% v 18.9%) age groups, and white women were more likely to be diagnosed in the over 65 group (42.2% v 31.1%)

Black women in all age groups were significantly more likely than white women to be diagnosed at a more advanced stage and to have larger tumours, higher grade tumours, and positive lymph nodes. Black women were significantly less likely than white women to have oestrogen or progesterone receptor positive tumours and less likely to have received surgery or radiation therapy.

For all age groups and stages of cancer combined, the crude risk of death from all causes and the crude risk of death from breast cancer were higher in black compared with white women (1.52, 95% confidence interval 1.48 to 1.55, and 1.90, 1.83 to 1.96).

Black women were more likely to be diagnosed with late stage breast cancer in all age groups: "Late stage at diagnosis alone does not account for the differences in breast cancer specific mortality between black and white women. For the most part, black women under 65 years of age were more likely to die from their breast cancer within each stage of disease and within each age category," the authors say.

They say that one of the most interesting findings was that the greatest disparity in deaths from breast cancer was between black and white women with early stage breast cancer.

"Black women in our study were less likely to undergo radiation therapy compared to white women across all age categories, and this could contribute to the survival disparity for in situ and early stage invasive disease since the increased local recurrence rate after lumpectomy without radiotherapy translates to a decrease in 15 year survival," they say. "Suboptim

It is estimated that **43,780 deaths (43,250 women and 530 men) from breast cancer will occur in the United States this year.** Worldwide, female breast cancer is the fifth leading cause of death. In 2020, an estimated 684,996 women across the world died from breast cancer.



## **Too Many Black Women Are Still Dying of Breast Cancer**

### **We Need to Be More Aggressive in Our Fight**

*Please Join with the  
Touched By The Light Foundation  
to Help Save Women from Breast Cancer*

African American women don't fit the profile of the average American woman who gets breast cancer. For them, putting off the first mammogram until 50 — as recommended by a government task force — could put their life in danger. "One size doesn't fit all," says Lovell Jones, director of the Center for Research on Minority health at Houston's M.D. Anderson Cancer Center. African American women ages 35 to 44 have a death rate from breast cancer twice that of white women the same age. Let the Women in our community know you care. Help us fight this disease. Go to our website <https://touchedbythelight.us> and download our brochure on breast cancer. Read the brochure several times then Email this brochure to 5 women asking them to do the same. **Then purchase one of our books to help us help other women. No one should lose their life because they do not have health insurance or the means to pay for Health Care. Share this packet with 5 other women. Come to our free workshop. Purchase a book. Invite us to speak. Do something to fight this disease**



To further the fight against breast cancer and to participate with us in disseminating information on breast cancer to 1,000,000 Black women go to <https://touchedbythelight.us> and download the information and email it to five Black women. You Can Help Save a Life by Spreading the Word.

As a thank you for helping us get the word out we are inviting all business owners to send us information regarding your company and we will post it free of charge on our website for women at <https://touchedbythelight.us/puttingwomenintouch.com>. /This opportunity should help you reach more and more customers. Email information to [yithril11@netzero.net](mailto:yithril11@netzero.net)

# Touched By The Light Foundation

## Online Bookstore and Publishing Services

This packet represents approximately three to four days of intensive reading but when you finish you will be so glad you took the time to learn more about breast cancer. It is imperative that you make the right decisions regarding your health. Your life as well as the lives of your children is at stake when you decide to put off getting a mammogram or ignore examining your breasts every month. We ask that you share this information with five other women. Go to Office Depot and copy this packet and give it to five other women. Your action can save a life. Our entire announcement (48 pages) can be downloaded as a pdf file from our site that you can email to family and friends all across Michigan and the country. We are trying to get the word out that early detection saves lives. Please call us at 734 786 3233 and sign up for a free breast cancer workshop. There is much to learn we discuss medication, labeling, side effects and understanding what you have read regarding your medication and what it does in the body.

Recently, Angelina Jolie had a double mastectomy to avoid suffering through breast cancer like her mother -New York Times. She also plans to have her ovaries removed. Jolie's mother, Marcheline Bertrand, died of breast cancer in 2007 at age 56. Angelina Jolie's aunt, her mother's sister, Debbie Martin, died of breast cancer May 26, 2013, of the defective BRCA1 gene at age 61. Ms. Jolie wants to avoid their fate. Women should know Obamacare is important to women. President Barack Obama's health law made coverage of the BRCA test mandatory as a preventive health service since August 2012. New health plans that will be offered to millions of uninsured Americans in October must also cover the service for free. Mutations in the BRCA 1 and BRCA 2 genes can increase a woman's risk of breast cancer by 60 to 80 percent. According to the National Cancer Institute, preventive mastectomy can reduce the risk of developing breast cancer in moderate- and high-risk women by 90 percent. But there is no guarantee that the procedure will completely protect a woman. Breast tissue can sometimes be found in the collarbone or chest wall, for example. And like any surgery, there are risks of infection or excessive bleeding. Myriad Genetics owns the patents for these gene tests, which cost between \$3,000 to \$4,000 each. In April the U.S. Supreme Court took up the issue of whether human DNA can be the subject of a patent and a decision in the case is expected next month. Experts believe a decision against Myriad would help reduce the cost of the tests and increase access. For women with private insurance, the cost of treatment is usually covered, especially if they test positive for a BRCA mutation. CNN anchor Zoraida Sambolin, of *Early Start*, has announced she'll also undergo the procedure. She was recently diagnosed with breast cancer. On *Early Start* today, Sambolin shared a perspective much like Jolie's: "I have two kids that are my world, like any woman, and it's what you think about." Her choice leaves her "confident that [cancer is] not something that I'm going to have to deal with that much more in the future." She also revealed that diagnosis was challenging due to her history of fibrocystic breast tissue, but "I didn't mess around. **I [got mammograms] when I was supposed to go, and I followed it diligently.**" Sambolin's surgery is scheduled for May 28. **Cancer affects everyone** - Christina "Chrissy" Amphlett—front woman for the Australian rock band the Divinyls, whose "I Touch Myself" went to number four on the Billboard Hot 100 singles chart in 1991--died Sunday at her home in New York. Amphlett was 53 years old. Amphlett's husband of 14 years, former Divinyls drummer and multi-instrumentalist/producer Charley Drayton, confirmed in a statement that the charismatic singer died after battling multiple sclerosis since 2007 and breast cancer since 2010. "Chrissy's light burns so very brightly," Drayton stated. "Hers was a life of passion and creativity; she always lived it to the fullest...With her force of character and vocal strength she paved the way for strong, sexy, outspoken women." Drayton also revealed that Amphlett had "expressed hope that her worldwide hit 'I Touch Myself' would remind women to perform annual breast examinations." Christina Amphlett was "surrounded by close friends and family" at the time of her passing. Warrant Officer Charlie Morgan died of breast cancer February 10, 2013 in a hospice in Dover. She was 48 years old. She was a tireless advocate fighting to repeal the federal law that bars her wife from receiving benefits to help care for their daughter after her death. The federal law DOMA only recognizes a spouse as someone of the opposite sex, thus prohibiting recognition for lawful marriages between same-sex couples. Her wife, Karen, who will not be eligible for the survivor benefits allowed to heterosexual male or female military spouses, nor for social security benefits that would help her take care of her 5-year-old daughter, Casey. <http://www.nisv.info/bookstore.html>

## Do It For Your Children



The Touched By The Light Foundation is looking for women like you to help get the message out, that Early Detection is the way to fight breast cancer. When you volunteer you will be helping every woman in the country. We should not keep breast cancer a secret. We must expose women to the truth about this disease. White women get this disease earlier than Black women, but Black women die more often than Whites from breast cancer because they are more likely to be Diagnosed with Triple-Negative Disease. There is no happy medium so breast exams should not be ignored. **You can help us in any capacity:**

- You can help us design our T-Shirt. You can help us find those women in the community who do not have health insurance or who are working but cannot afford to get a mammogram. You can help us design flyers to deliver our message. You can arrange speaking engagements for us. You can help develop our email list. You can provide emotional support to people were diagnosed with breast cancer. You can design a Facebook Page for us. You can help develop our twitter messages. There are hundreds of things you can do. All you have to do is get started. You can volunteer as many or as few hours as you desire, even if you are unemployed. You can work from home via email.
- We also would like for you to do three things for yourself. Begin self-breast exams today and do these exams every month. Ask your doctor to referral to for a diagnostic mammogram today and sign up for one of our free workshops.

One of our campaigns is to get the word out about **motherless children** and why women must fight to stay healthy for their children. Here are a few short stories of motherless children see if these stories do not motivate you to get out and help. **Doris Ann McLeod age 16** was placed in foster care. A pimp lured her from the home. He got her to prostitute once or twice then she refused. When she became adamant and wanted to return home, he took her to the basement hung her from the pipes and beat her to death. He did this in front of his three-year-old son. The man is now serving life in a Wisconsin prison. The judge ordered that every day on the young woman's birthday the man is shown a picture of his victim. **Sherri Canterbury age 11** lived in a foster care home in Lynn, Massachusetts. February 24, 1980, she was strangled to death after arguing with an eighteen-year-old male living in the group home. After she was murdered, her body was placed in the trunk of his car. He drove around for two days with her body in his car. **Brittany Scott age 5 was murdered while in state custody. Her foster care provider beat her to death in January 1993.** A 12-year-old foster child in Essie Scott's care refused to return home from school, saying that her foster mother had been beating her. The girl told social workers that Ms. Scott had hit her because two cans of peaches were opened and left in the basement and that she and other foster children were beaten with extension cords after their clothing was removed. **Ariel Catherine Shaw 19 months** died in a Georgia foster care home January 26, 2000. **Kevin King, 20**, was convicted in 1992 of the death Patricia Urbnski, 15. She died of blunt head trauma, strangulation and stab wounds to the chest. He was raised in foster care. **Wendy Joy Dansereau age 19** and a mother lived in Worchester, Massachusetts. She was strangled to death in a hotel on March 18, 1980. A hotel employee found her body. She was raised in state foster care. **Lemarius Davidson, 28**, of Knoxville, Tennessee orchestrated two of the worse murders in state's history. He was sentenced to death in 2010. He was raised in foster care apart from his brother. Two-year-old Isaac Lethbridge died on August 16, 2006, because child welfare caseworkers took him from his parents and placed him in an unsafe foster home environment. He had been beaten and burned while in state custody foster "care". His fosterer, Charlise Adams-Rogers, 59, is on trial for manslaughter. Every year foster children run away to escape only to be found prostituting and or murdered. A foster child running away is an ongoing problem. At the age of 18 foster children are dumped on the street without family or friend's education or resources to support themselves to begin a life. This is

frightening. Volunteer to reduce the number of women dying thereby reducing the number of children entering foster care. We do not need any more children in foster care. They are prone to victimization.

- **Volunteer and help** us stop women from dying of **breast cancer**. When a woman dies the destiny of her children is no longer in her control. Remain an influence in your child's life. Live and be healthy. Volunteer today. We can be reached at 734 786 3233. When you volunteer you get more than a pat on the back, you get an opportunity to change the world. When you save a woman's life you are saving her children for generations to come. Please copy this information Make 10 copies at Office Depot give to 10 women. Ask the 10 women to do the same. This will help get the word out. Thank you. Our email is [yithril1@netzero.net](mailto:yithril1@netzero.net) Ask to speak to Gloria

## Minority Women's Health - Health conditions common in -African-American women: **BREAST CANCER**



Cancer is a disease in which cells become abnormal and form more cells in an uncontrolled way. With breast cancer, the cancer begins in the tissues that make up the breasts. The cancer cells may form a mass called a [tumor](#). Getting a mammogram (x-ray of the breast) can help find the cancer early. This gives a woman more treatment options and makes it more likely she will survive the cancer.

African-American women **are more likely than all other women to die from breast cancer**. Their tumors often are **found at a later, more advanced stage**. So, there are fewer treatment options. Some other reasons for this may include not being able to get health care or not following-up after getting abnormal test results. Other reasons may include distrust of the health care system, the belief that mammograms are not needed, or not having insurance. Also, research has shown **that African American women are more likely to get a form of breast cancer that spreads more quickly**.

We do not know how to prevent breast cancer. But there are things you can do to reduce your risk, such as limiting how much alcohol you drink and being physically active. There also are things you can do to find breast cancer early. Breast cancer screening looks for signs of cancer before a woman has symptoms. Screening can help find breast cancer early when it's most treatable. Two tests are commonly used to screen for breast cancer:

- **Mammograms.** A safe, low-dose x-ray exam of the breasts to look for changes that are not normal. Starting at age 40, women should have screening mammograms every 1-2 years. Depending on factors such as family history and your general health, your doctor may recommend a mammogram before age 40.
- **Clinical breast exam (CBE).** The doctor looks at and feels the breasts and under the arms for lumps or anything else that seems unusual. Ask your doctor if you need a CBE.

Regular screening is the best way to find breast cancer early in most women. If you are at higher risk you may need mammograms at an earlier age or more often. Or, your doctor might want to use other tests too. Let your doctor know if you find a change in your breast, such as a lump or nipple discharge that isn't breast milk.

### **Free or low-cost mammograms**

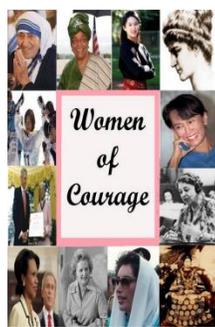
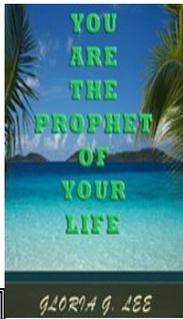
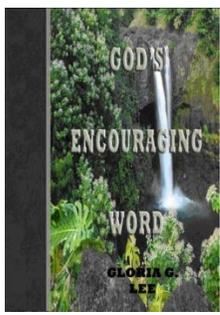
Some women do not get regular mammograms because of cost and lack of insurance. There are free and low-cost programs to help women get breast cancer screening. You can learn more by contacting the [National Breast and Cervical Cancer Early Detection Program](#). **For more information, please contact: Touched By The Light Foundation Phone: 734 786 3233 We can use some help to get the word out.**

**This Information Can Save Your Life**  
**Do Not Assume You know All of The Ramifications of Breast Cancer**  
**Early Detection Can Saves Lives**

My name is Gloria G. Lee. I am a breast cancer survivor. I am also the CEO of Touched by The Light Publishing. I am writing to ask you to purchase a book to further the fight against breast cancer and to participate with me in disseminating information on breast cancer to 1,000,000 women. Charlie Morgan, a chief warrant officer in the New Hampshire Army National Guard, died February 10, 2013, of breast cancer leaving a 4-year-old daughter. Her dedication as a soldier, parent and patriot has spurred me to act and to raise my voice against this disease. We shall be diminished without her. She died at the age of 48 because we have not defeated breast cancer. Her child is now left without the benefit of a parent and financial support. This should not be. No child should have to grow up without both parents. The death of a mother is devastating. We can stop this misery by working together to get the word out that early detection saves lives.

It is my goal to reach 1,000,000 women across the country to insure their better health. Breast cancer found early is easier to resolve than breast cancer found in stage 4. My cancer was found in stage 1. I am now a survivor. Will you join with us and fight this disease? Cancer is an unpleasant subject that most women want to avoid but we must muster our courage and fight with everything we have so we both can see another day. We should not fight alone. If we work together more and more women can be survivors because their cancers will be detected earlier. We need to gather to think not gather to mourn. With breast cancer it is truly a matter of life and death for the mother and her children. Breast cancer is a devastating disease, and it is destroying families. Too many young children are being left motherless. These children are being lured into prostitution and drug addiction. We must prevent this lost. Ladies we do have the talent among us to defeat this disease and to save lives. We must redouble our effort and get the word out that early detection saves lives. Please join me in this fight. We must now join to fight and stay healthy. Take care and read this information carefully. You have much to learn. You will feel better walking into a doctor's office or taking a mammogram or an ultrasound if you know what to expect. Attend our workshop. It helps to talk to other women. Just as fear can be translated in hard times strength can be translated between people causing them to win. In every war fought and won in the world people gained the upper hand when strength was translated through a gathering. Therefore, you should attend our free workshop. We ask that you purchase a book to further the fight against breast cancer and to participate with me in disseminating information on breast cancer to 500,000 Michigan women. We can reach our goal of reaching 1,000,000 women if you copy this information and give it to 5 women and ask them to do the same. Do not lay this information aside saying you are too busy. You will not be too busy to die. You will die of breast cancer or another disease if you do not attend to your health. The point is you are to seek knowledge so you can live a better life and knowledge comes through reading. Gain the upper hand and read for your health. Six interesting reads are: Hands Across America – God's Encouraging Word – You Are The Prophet of Your Life – Women of Courage – The Devil's Cauldron – and If You Believe in God You Do Not Belong in Prison. Excerpts of our books can be read online on our websites





**Our Tree of Life:** When one woman tells 10 women about breast cancer and early detection and those ten women tell another ten women about breast cancer and early detection and those 10 women tell another 10 women about breast cancer and early detection **we shall then begin to win.** We must redouble our efforts to fight this disease every chance we get. Tell someone they are important to the world by standing up and talking about this disease. The more we discuss our problems the easier it gets to confront our fears. Breast cancer is a difficult subject to discuss but we must gather our strength, perform self-breast exams every month, get referrals from our doctors for mammograms and we should educate ourselves so we can competently explain breast cancer to our daughters. We should not stop talking about breast cancer until there are no longer women dying from this disease. Thank you for your attention sincerely, Minister Gloria G. Lee, [yithril11@netzero.net](mailto:yithril11@netzero.net) 734 786 3233

## Cancers and Black Women

By [Beatrice Motamedi](#)

June 12, 2000 -- While cancer takes a heavy toll on all Americans, research shows that black women are at greater risk than white women of developing or dying from a handful of cancers, including those of the breast, colon/rectum, lungs, and cervix.

On the other hand, data from the National Cancer Institute (NCI) also show that black women are less likely than white women to be diagnosed with other cancers that can be harder to detect, grow more rapidly and defy treatment, such as [ovarian cancer](#), melanoma, and leukemia.

Black [women's health](#) advocates say the single best thing you can do to lower your risk of cancer is to sit down with your elders and get a sense of your family's medical history. Knowing your family tree can help you decide what kinds of screening tests to ask for and lifestyle changes to make.

"I happened to know that my grandmother had breast cancer because she showed me the scar," says Faith Fancher, a breast cancer survivor whose mother was among the first black family practitioners in the state of Tennessee. "But that is something that I think most (black) women don't know."

Here are four of the most common cancers among black women, along with what you can do to protect yourself:

1. Breast cancer is a leading cause of cancer death among black women and by far the most common cancer among all women, black or white. The incidence of breast cancer is lower among African-American women, yet this group has a higher rate of breast cancer deaths -- possibly because cancers tend to be detected at a later stage in blacks than whites.

Consequently, black women are less likely to survive when cancer strikes: Their 5-year survival rate is 71%, compared with 87% for white women. The survival rate for black women jumps to 89% if the cancer is diagnosed before it has spread. Yet 44% of newly diagnosed breast cancers found in

African-American women have spread to areas beyond the breast compared with 35% for white women.

What to do: Breast self-exam and mammography are vital; early diagnosis is critical. Charles J. McDonald, MD, past president of the American Cancer Society (ACS), says black women should undergo their first mammograms at age 30, a full 10 years before the recommended age for white women. The National Medical Association, a national organization for African-American physicians, also supports early screening. Breast self-exam should begin as soon as a girl menstruates, McDonald says. Black women might also consider a low-fat diet and regular exercise, both of which have been shown in studies to lower a woman's risk of breast cancer, decrease heart disease, and improve overall well-being.

2. [Colorectal cancer](#) is a case of good news, bad news: The drop in deaths from colorectal cancers since the early 1990s is the second-biggest reason for the overall decline in cancer deaths among women. Yet black women continue to be at greater risk for this disease, with a reported 46.7 cases per 100,000 women for the period from 1987 to 1991, compared with a rate of 39.9 among white women.

As in any other type of cancer, it's important to be tested early, and here, African-Americans have more reason to be vigilant: One reason that colorectal cancer deaths are higher among black Americans is that they are not being screened for the disease as often as other populations, says Deborah Kirkland, manager of the colorectal cancer division for the ACS. A recent study by researchers at Wake Forest University found that the main reason that many low-income, African-American women do not have sigmoidoscopies is that their doctors don't recommend the exam, possibly because they believe that the patient will not be able to pay the cost.

What to do: Talk to your doctor about the three standard screening options for colorectal cancer: a yearly fecal occult blood test plus a flexible sigmoidoscopy every 5 years, a colonoscopy every 10 years, or a barium enema every 5 to 10 years.

Currently, the ACS recommends that testing begin at age 50, but screening can start as early as age 21 for those with a family history of the disease. If you're African-American and you have even one first-generation family member who has been diagnosed with this cancer (a mother, an aunt, and male relatives, too), that's all the reason you need to learn about the tests and ask your doctor when you should begin getting them.

3. Lung cancer is the third most common cancer among black females. It is also one of the most preventable; tobacco smoking is the principal culprit. Unfortunately, lung cancer deaths among black women may grow, given that smoking rates among African-American teenagers have increased over the past 10 years, according to McDonald.

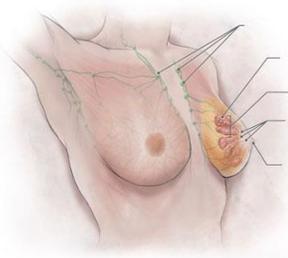
What to do: Don't smoke. If you do, quit. And if your partner or your teenagers smoke, consider asking them to stop, for your benefit as well as their own. Unfortunately, there is no screening test for lung cancer before symptoms develop, so proactive steps are the only option.

4. [Cervical cancer](#) is one cancer that "we're well on the way, in this country, of conquering," says McDonald. Why? Yearly pelvic exams and Pap smears are effective screening techniques, and thanks to a massive public service campaign during the 1990s, more and more women -- black and white -- are beginning to get the message that these simple tests save lives.
5. Nevertheless, the incidence and mortality rates for cervical cancer are higher among black women than for white women. This is likely because black women tend to have fewer Pap smears and not because of genetics. Two studies presented at the annual meeting of the Society of Gynecologic Oncologists in February 2000 found that there was no difference in survival rates among black and

white women after controlling for factors such as sexual history and access to appropriate medical care.

6. The incidence of invasive cervical cancer among black women also increases rapidly with age. So older women need to be just as vigilant as young women about getting screened.
7. What to do: Get your Pap smear regularly -- be religious about it. Don't put it off for any reason. And while you're at it, take your mother with you.
8. Beatrice Motamedi is a health and medical writer based in Oakland, Calif., who has written for *Hippocrates*, *Newsweek*, *Wired*, and many other national publications.

## *Learning About Breast Cancer*



Lymph nodes  
Lobule  
Lobe  
Ducts  
Nipple

### *What is breast cancer?*

Breast cancer is cancer that forms in any part of the breast. Breast cancer happens most often in the ducts (the tubes that carry milk to the nipple) and the lobules (the glands that make the milk). Metastatic breast cancer is cancer that has spread from the breast to another part of the body, such as the bones.

### *How common is breast cancer?*

Breast cancer can happen to both men and women. In 2010, it was expected that more than 200,000 women and nearly 2,000 men in the United States would be diagnosed with breast cancer. Ask your healthcare provider about your risk for breast cancer.

### *What is HER2-positive breast cancer?*

HER2-positive (HER2+) breast cancer is a type of breast cancer that has high levels of a type of protein called human epidermal growth factor receptor type 2 (known as HER2). The HER2 protein tells cells to grow and divide. Having too much HER2 protein can cause cancer cells to grow and spread quickly. Your healthcare provider will test your tumor to find out if it is HER2+. Ask him or her if your breast cancer is HER2+ and about the treatment that may work best for you.

**You cannot be scared. You must Stand up and fight this disease.**

## **DETECTION, DIAGNOSIS AND PREVENTION OF BREAST CANCER**

**Early detection of breast cancer is a significant issue for Black women and all women.** One of the most powerful steps to take for good health is to get regular checkups and ask for tests that will detect cancer. Cancer at its earliest stage rarely has warning signs. Hence, the best protection against breast cancer is early detection and prompt treatment. Numerous studies have shown that early detection increases survival and treatment options. **If the cancer is detected and has not spread, the survival rate is 94%; if it has spread to nearby organs, the survival rate is 73%; if it has spread throughout**

**the body, the survival rate is 18%.**

Mammograms are essential for identifying breast abnormalities at early states before any physical symptoms develop. Mammography can detect breast cancer 1.7 years before a woman can feel a lump in her breast. In addition, breast self-examinations are responsible for detection of a large percentage of breast abnormalities. Coupled together, mammograms and breast self-examinations have proven to be the most effective methods of detecting and diagnosing breast cancer.

It is impossible to predict who will or will not get breast cancer. No woman is exempt from the possibility of developing breast cancer. Therefore, it is very important that every woman become familiar with the disease, the measures they can take to reduce their risks and things they can do to increase their chance of detecting the disease at its earliest and most treatable stages. Outreach efforts have heightened to improve the perceived cultural barriers to breast cancer screenings among African American women by linking cultural intervention strategies to breast cancer screening initiatives.

## **Breast Cancer Signs and Symptoms**

Knowing the signs and symptoms of breast cancer may help save your life. When the disease is discovered early, you have more treatment options and a better chance for long-term recovery. Most breast lumps aren't cancerous. Yet the most common sign of breast cancer for both men and women is a **lump** or **thickening** in the breast. Often, the lump is painless. Other signs of breast cancer include:

- **A spontaneous clear or bloody discharge from your nipple**
- **Retraction or indentation of your nipple**
- **A change in the size or contours of your breast**
- **Any flattening or indentation of the skin over your breast**
- **Redness or pitting of the skin over your breast, like the skin of an orange**

A number of factors other than breast cancer can cause your breasts to change in size or feel. In addition to the natural changes that occur during pregnancy and your menstrual cycle, other common noncancerous (benign) breast conditions include:

- **Fibrocystic changes.** This condition can cause your breasts to feel lumpy or granular. Fibrocystic changes are extremely common, occurring in at least half of all women. In most cases the changes are harmless. And they don't mean you're more likely to develop breast cancer. If your breasts are very lumpy, performing a breast self-exam is more challenging. Becoming familiar with what's normal for you through self-exams will help make detecting any new lumps or changes easier.
- **Cysts.** These are fluid-filled sacs that frequently occur in the breasts of women ages 35 to 50. Cysts can range from very tiny to about the size of an egg. They can increase in size or become more tender just before your menstrual period, and may disappear completely after it. Cysts are less common in postmenopausal women.
- **Fibroadenomas.** These are solid, noncancerous tumors that often occur in women during their reproductive years. A fibroadenoma is a firm, smooth, rubbery lump with a well-defined shape. It will move under your skin when touched and is usually painless. Over time, fibroadenomas may grow larger or smaller or even disappear completely. Although your doctor can usually identify a fibroadenoma during a clinical exam, a small tissue sample is necessary to confirm the diagnosis.
- **Infections.** Breast infections (mastitis) are common in women who are breast-feeding or who recently have stopped breast-feeding, although you can also develop mastitis when you're not nursing. Your breast will likely be red, warm, tender and lumpy, and the lymph nodes under your arm may swell. You also feel slightly ill and have a low-grade fever.
- **Trauma.** Sometimes a blow to your breast or a bruise also can cause a lump. But this doesn't mean you're more likely to get breast cancer.
- **Calcium deposits (microcalcifications).** These tiny deposits of calcium can appear anywhere in your breast and often show up on a mammogram. Most women have one or more areas of microcalcifications of various sizes. They may be caused by secretions from cells, cellular debris, inflammation, trauma or prior radiation. They're not the result of calcium supplements you take. The majority of calcium deposits are harmless, but a small percentage may be precancerous or cancer. If any appear suspicious, your doctor will likely recommend additional tests and sometimes a biopsy.

If you find a lump or other change in your breast and haven't yet gone through menopause, you may want to wait through one menstrual cycle before seeing your doctor. If the change hasn't gone away after a month, have it evaluated promptly.

### **Inflammatory breast cancer**

Inflammatory breast cancer is a rare cancer that gets its name from the appearance of the skin on the breast. Inflammatory breast cancer is an aggressive type of locally advanced cancer that occurs in a very small percentage of women with breast cancer.

Typically women with inflammatory breast cancer are diagnosed at a younger age than those diagnosed with other forms of breast cancer. They're more likely to experience cancer spread (metastasis), and they have a greater chance of succumbing to the disease than women with noninflammatory breast cancer. In very rare circumstances, inflammatory breast cancer is diagnosed in men. Historically, survival statistics have been grim for women diagnosed with inflammatory breast cancer, but there's hope. New approaches in treatment offer greater odds for survival than ever before. Mayo Foundation for Medical Education and Research, Tools of Healthier Lives, by Mayo Clinic Staff, 2006

For more information Minister Gloria G. Lee, [yithril1@netzero.net](mailto:yithril1@netzero.net) 734 786 3233

## **For Black Women, Breast Cancer Strikes Younger**

by Brenda Wilson



A group of African-American breast cancer survivors pose at the 10th annual African-American Breast Cancer Conference in April 2009. Courtesy Sisters Network

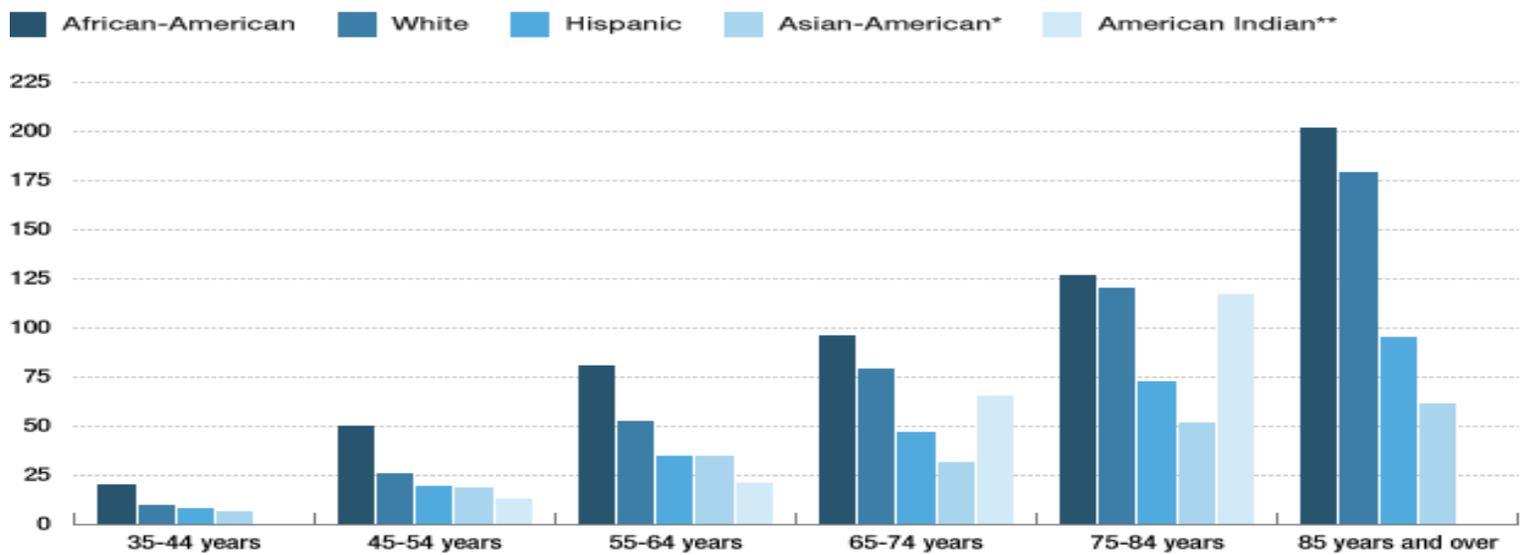
Many African-American women don't fit the profile of the average American woman who gets breast cancer. For them, putting off the first mammogram until 50 — as recommended by a government task force — could put their life in danger.

"One size doesn't fit all," says Lovell Jones, director of the Center for Research on Minority health at Houston's M.D. Anderson Cancer Center. Jones says the guidelines recently put out by the U.S. Preventive Services Task Force covered a broad segment of American women based on the data available. "Unfortunately," he says, "the data on African-Americans, Hispanics and to some extent Asian-Americans is limited."

So while the recommendations may be appropriate for the general population, he says, it could have a deleterious affect on African-American women who appear to have a higher risk of developing very deadly breast cancers at early in life.

### **Breast Cancer Death Rates By Race And Age**

African American women ages 35 to 44 have a death rate from breast cancer twice that of white women the same age. Below, a look at how many deaths are caused by breast cancer per 100,000.



**Notes:** \*Includes Alaska Native; \*\*includes Pacific Islander  
 Source: Office Of Minority Health Resource Center; Credit: Alyson Hurt

When you look at the death statistics for breast cancer in African-American women and compare them to white women, it's stunning. Beginning in their 20s, into their 50s, black women are twice as likely to die of breast cancer as white women who have breast cancer. In older black women, cases of breast cancer decline, but the high death rates persist.

Overall, breast cancer deaths have been declining for nearly a decade (by 2 percent annually), yet deaths of African-American women have been dropping at a much slower pace. In 2009, an estimated 40,170 women will die from breast cancer. Nearly 6,000 will be African-American women.

Dr. Vanessa Sheppard, a behavioral scientist at the Lombardi Comprehensive Cancer Center at Georgetown University, has been conducting a study to understand the response of African-American women to treatment for breast cancer, so she's seen this up close.

"We've lost eight African-American women," she says. "That's a pretty high mortality rate in about 200 women."

Personally, Sheppard says, she's lost friends who were 32, 36 and 40 from breast cancer. Studies estimate that 20 to 30 percent of breast cancers in African-American women are triple-negative breast cancers. This means the cancers lack estrogen and progesterone receptors and won't respond to drugs that work by preventing the hormones from reaching the cancer cells. Triple-negative cancers also are HER-2 negative, another hormone, and therefore don't respond to any of the treatments known to block the cancer's growth.

"The breast cancer is more aggressive," says Sheppard, "The tumors are harder to treat. They're larger."

Similar types of aggressive breast cancers have been found in other ethnic groups — including Africans — suggesting perhaps a genetic link. But no one knows exactly why this is happening. And there's probably no one explanation. There are known risk factors for breast cancer and combinations of risk factors — a family history of the disease, age at which menstruation and menopause start. But scientists have found it difficult to come up with a satisfactory model that predicts breast cancer in black women.

### Causes Unknown

The deadly breast cancers in black women remind Jones of the higher infant mortality rate in the African-American community, which has yet to be fully explained. Researchers have the same difficulty determining what combination of factors causes low birth weights and infant deaths in African-Americans. For example, the age of child birth with the lowest infant mortality rate in white women is about 30. In black women it's around the ages of 16 to 19. Jones suspects the stress that African-Americans experience in this society is contributing to premature aging. It's not a popular theory, but even after adjustments are made for education, poverty and other factors, infant mortality remains high.

"It could be induced by discrimination or perceived discrimination," says Jones. "It could be due to living in an environment that produces stress." He offers the example of recent stories about the many young kids being killed in Chicago and says. "Well, that adds stress — community stress."

### More Routine Screening Could Help

Studies suggest, in addition to higher risks factors, African-American women aren't getting screened for breast cancer as often as white women and when they do it is later in life. Often the mammograms are not routine screening mammograms, but rather they're done because the woman or her doctor felt a mass in a woman's breast. These cases happen all too often, says surgeon Dr. Regina Hampton. She says that vital time has passed by the time they show up in her office with a mammogram in hand.

"Because of their young age, many practitioners don't believe that a young woman can get breast cancer," Hampton says. "These cancers then, once they come to me, are at a later stage. So, we're kind of running behind the 8-ball trying to get the patient treated."

There are also questions about the care that African-American women are receiving, whether they are referred to cancer specialists in a timely way, and understand that they will need therapy after surgery. With all the issues surrounding black women and breast cancer, health professionals argue there should be separate guidelines for African-American women — and say they should get mammograms earlier and more frequently than the task force's recommendation of age 50.

Sheppard even wonders if the old guideline of routine screening every year beginning at age 40 is good enough. "The tumors are growing fast and the intervals that we prescribe may not work," she says. "How can we have better diagnostic tools, better screening tools that can capture the women that aren't the average woman?"

It's a challenge many African-American women will have to come to grips with. About one-third who get breast cancer are younger than 50 years old.

## **African American Women More Likely to be Diagnosed with Triple-Negative Disease**

*Published on March 25, 2009 at 12:00 am modified on November 19, 2012 at 5:14 pm*

A study found that African American women are 3 times more likely than white or Hispanic women to be diagnosed with triple-negative breast cancer.

Triple-negative breast cancer is:

- estrogen-receptor-negative
- progesterone-receptor-negative
- HER2-negative

Triple-negative breast cancers are usually more aggressive, harder to treat, and more likely to come back (recur) than cancers that are hormone-receptor-positive or HER2-positive. Triple-negative breast cancers don't usually respond to hormonal therapy medicines or the targeted therapies Herceptin (chemical name: trastuzumab) and Tykerb (chemical name: lapatinib).

Researchers looked at the medical records of 415 women of various races who had been diagnosed with breast cancer and noted certain characteristics of each cancer:

- 11% to 13% of the breast cancers diagnosed in non-African American women were triple-negative; most of these women were white or Hispanic
- 30% of the breast cancers diagnosed in African American women were triple-negative

The differences in cancer characteristics weren't due to age or weight, both of which can affect hormone receptor and HER2 status. So, it's likely that genetic factors may be responsible for the higher incidence of triple-negative breast cancer in African American women.

Other research has shown that compared to women of other races, African American women are:

- less likely to be diagnosed with breast cancer

- more likely to be diagnosed with advanced stage breast cancer, if diagnosed
- more likely to be diagnosed with breast cancer that is aggressive and harder to treat, if diagnosed
- more likely to have breast cancer come back
- more likely to die from breast cancer

As this study shows, it's likely that the greater risk of triple-negative breast cancer faced by African American women partially explains why breast cancer in African American women tends to be more advanced, more aggressive and harder to treat. If you're an African American woman, you can't change your genes. But you can make sure that any breast cancer is diagnosed at its earliest, most treatable stage. If you're older than 40 with an average risk of breast cancer, this means getting a mammogram each year. If you have higher-than-average risk, you may have a more aggressive screening plan that starts at a younger age. Between mammograms, make sure your doctor or other healthcare provider does regular breast exams. You also should consider doing regular breast self-exams. Tell your doctor right away if you find anything you're concerned about. If you need to know how to do a self-exam, ask your doctor.

## How Triple-Negative Breast Cancer Behaves and Looks

*Last modified on September 17, 2012 at 6:56 pm*

To understand triple-negative breast cancer, it's important to understand receptors, which are proteins found inside and on the surface of cells. These receptor proteins are the “eyes” and “ears” of the cells, receiving messages from substances in the bloodstream and then telling the cells what to do.

- Hormone receptors inside and on the surface of healthy breast cells receive messages from the hormones estrogen and progesterone. The hormones attach to the receptors and provide instructions that help the cells continue to grow and function well. Most, but not all, breast cancer cells also have these hormone receptors. Roughly 2 out of 3 women have breast cancer that tests positive for hormone receptors. (For a more complete explanation, see the previous section on [Hormone Receptor Status](#).)
- A smaller percentage of breast cancers — about 20-30% — have too many HER2 receptors. In normal, healthy breast cells, HER2 receptors receive signals that stimulate their growth. With too many HER2 receptors, however, breast cancer cells grow and divide too quickly. (For a more complete explanation, see the previous section on [HER2 Status](#).)

Hormonal therapies and HER2-targeted therapies work to interfere with the effects of hormones and HER2 on breast cancer, which can help slow or even stop the growth of breast cancer cells.

About 10-20% of breast cancers test negative for both hormone receptors and HER2 in the lab, which means they are triple-negative. Since hormones are not supporting its growth, the cancer is unlikely to respond to hormonal therapies, including tamoxifen, Arimidex (chemical name: anastrozole), Aromasin (chemical name: exemestane), Femara (chemical name: letrozole), and Faslodex (chemical name: fulvestrant). Triple-negative breast cancer also is unlikely to respond to medications that target HER2, such as Herceptin (chemical name: trastuzumab) or Tykerb (chemical name: lapatinib).

In addition, triple-negative breast cancer:

- **Tends to be more aggressive than other types of breast cancer.** Studies have shown that triple-negative breast cancer is more likely to spread beyond the breast and more likely to recur (come back) after treatment. These risks appear to be greatest in the first few years after treatment. For example, a study of more than 1,600 women in Canada published in 2007 found that women with triple-negative breast cancer were at higher risk of having the cancer recur outside the breast — but only for the first 3 years. Other studies have reached similar conclusions. As years go by, the risks of the triple-negative breast cancer recurring become similar to those risk levels for other types of breast cancer.

Five-year survival rates also tend to be lower for triple-negative breast cancer. A 2007 study of more than 50,000 women with all stages of breast cancer found that 77% of women with triple-negative breast cancer survived at least 5 years, versus 93% of women with other types of breast cancer. Another study of more than 1,600 women published in 2007 found that women with triple-negative breast cancer had a higher risk of death within 5 years of diagnosis, but not after that time period. The recurrence and survival figures in these and other studies are averages for all women with triple-negative breast cancer. Factors such as the grade and stage of the breast cancer will influence an individual woman's prognosis.

- **Tends to be higher grade than other types of breast cancer.** The higher the grade, the less the cancer cells resemble normal, healthy breast cells in their appearance and growth patterns. On a scale of 1 to 3, triple-negative breast cancer often is grade 3.
- **Usually is a cell type called “basal-like.”** “Basal-like” means that the cells resemble the basal cells that line the breast ducts. This is a new subtype of breast cancer that researchers have identified using gene analysis technology. Like other types of breast cancer, basal-like cancers can be linked to family history, or they can happen without any apparent family link. Basal-like cancers tend to be more aggressive, higher grade cancers — just like triple-negative breast cancers. It's believed that most triple-negative breast cancers are of the basal-like cell type.

It can feel upsetting and even scary to find out that you have a form of breast cancer that (1) is often more aggressive than other types and (2) isn't a good candidate for treatments such as hormonal therapy and Herceptin. But triple-negative breast cancer can be treated with chemotherapy and radiation therapy, and new treatments — such as PARP inhibitors — are showing promise. Researchers are paying a great deal of attention to triple-negative breast cancer and working to find new and better ways to treat it. “This is an exceptionally hot area of research in the breast cancer field,” says George Sledge, M.D., medical oncologist and Breastcancer.org Professional Advisory Board member. “There is immense interest among drug developers, pharmaceutical companies, and breast cancer laboratory researchers in finding targeted therapies for these patients.”

## Treatment for Triple-Negative Breast Cancer

*September 17, 2012*

Triple-negative breast cancer is typically treated with a combination of therapies such as surgery, radiation therapy, and chemotherapy. Many women are worried when they find out that additional treatments such as hormonal therapy and Herceptin aren't likely to treat triple-negative breast cancer. But new treatments are being studied, and there is encouraging news about chemotherapy for triple-negative breast cancer.

Some research has shown that hormone-receptor-negative breast cancers — which triple-negative breast cancers are — actually respond better to chemotherapy than breast cancers that are hormone-receptor-positive. If you follow the treatment plan that makes the most sense for your specific situation, while doing your best to make healthy lifestyle choices such as eating a healthy low-fat diet, exercising regularly, and limiting alcohol, you're doing everything you can to treat the cancer.

You also may wonder whether you should have more aggressive treatment, such as mastectomy rather than lumpectomy, or more chemotherapy treatments or higher doses of chemotherapy. It's logical to assume that,

since triple-negative breast cancer tends to be more aggressive, it should get more aggressive treatment. At this time, however, there is no standard recommendation that people with triple-negative breast cancer should have more treatment.

Some studies have looked at whether giving chemotherapy before surgery — called **neoadjuvant therapy** — may be a good option for women with triple-negative breast cancer. A [recent small study](#) of women with locally advanced triple-negative breast cancer found that for two-thirds of them, chemotherapy medications given before surgery resulted in no living cancer cells in the tumor when it was removed. Another study, published in 2008 by researchers at M.D. Anderson Cancer Center, found that chemotherapy before surgery benefited some women with triple-negative breast cancer, causing all evidence of disease to disappear. For these women, survival rates were similar to those of women with breast cancer that was not triple-negative. Another 2007 study of more than 100 women found that neoadjuvant chemotherapy did benefit some participants with hormone-receptor-negative and triple-negative breast cancer. These women had a complete response to chemotherapy (no evidence of disease) and then went on to have surgery. More research on neoadjuvant chemotherapy for triple-negative breast cancer is needed.

Because doctors are still developing their understanding of triple-negative breast cancer, they may vary in their treatment recommendations. You may find it helpful to get a couple of different opinions.

## Research on New Treatment for Triple-Negative Breast Cancer

*September 17, 2012*

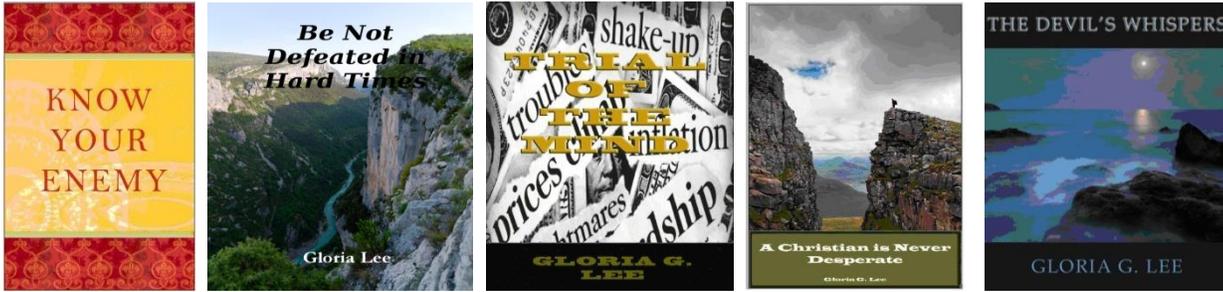
Researchers are working to find the best approaches to treating triple-negative breast cancer. Some clinical trials are comparing the effectiveness of various older and newer chemotherapy medications, used in different combinations, for treating triple-negative breast cancer.

Other clinical trials are trying to find out whether some targeted therapies are effective against triple-negative breast cancer. Unlike traditional therapies such as chemotherapy and radiation, which can't tell the difference between fast-growing healthy cells and cancer cells, targeted therapies work by "shutting down" a specific process the cancer cells use to grow and thrive. We know that targeting estrogen and progesterone receptors and HER2 isn't helpful for triple-negative breast cancer. Treatments that target other processes may be helpful in the future, but this research is still at an early stage.

- **PARP (poly ADP-ribose polymerase) inhibitors:** The PARP (poly ADP-ribose polymerase) enzyme fixes DNA damage in cells, including DNA damage caused by chemotherapy medicines. Scientists developed PARP inhibitors based on the idea that a medicine that interferes with or inhibits the PARP enzyme might make it harder for cancer cells to fix damaged DNA, which could make chemotherapy more effective. A [recent small study](#) of women with advanced triple-negative breast cancer found that those taking the PARP inhibitor called iniparib along with chemotherapy survived longer than those who took chemotherapy alone. [Other small, early studies](#) showed some benefit for using another PARP inhibitor, olaparib, in combination with chemotherapy for triple-negative breast cancer.
- **VEGF (vascular endothelial growth factor) inhibitors:** To get the oxygen and nutrients they need to grow and spread, tumors create new blood vessels through a process called angiogenesis. Avastin (chemical name: bevacizumab) is a medicine that interferes with the activity of the VEGF protein, which stimulates this process. Avastin attaches itself to VEGF, preventing VEGF from interacting with receptors on the blood vessels. By blocking this interaction, Avastin keeps VEGF from stimulating angiogenesis. Another therapy that works in a similar way is Sutent (chemical name: sunitinib).

- **EGFR (epidermal growth factor receptor)-targeted therapies:** Other treatments target a protein called epidermal growth factor receptor, or EGFR. Many triple-negative breast cancer cells are known to “overexpress” EGFR, meaning they have too many EGFRs. These receptors receive signals that spur the growth of the cancer. Erbitux (chemical name: cetuximab) is a medication that attaches to the EGFR. When this happens, growth signals can’t attach to EGFR on the cancer cell, and so they cannot stimulate the cell to grow.

Clinical trials using these and other therapies could play a key role in improving the treatment of triple-negative breast cancer. Talk to your doctor if you think you might be interested in taking part in a [clinical trial](#). We offer 5 inspirational pocket size books that are excellent for down playing negative thinking.



Excerpts of each book can be read online at <https://touchedbythelight.us> .

### Triple-Negative Breast Cancer September 17, 2012

Your pathology report may say that the breast cancer cells tested negative for estrogen receptors (ER-), progesterone receptors (PR-), and HER2 (HER2-). Testing negative for all three means the cancer is **triple-negative**.

These negative results mean that the growth of the cancer is not supported by the hormones estrogen and progesterone, nor by the presence of too many HER2 receptors. Therefore, triple-negative breast cancer does not respond to hormonal therapy (such as tamoxifen or aromatase inhibitors) or therapies that target HER2 receptors, such as Herceptin (chemical name: trastuzumab). However, other medicines can be used to treat triple-negative breast cancer.

About 10-20% of breast cancers — more than one out of every 10 — are found to be triple-negative. For doctors and researchers, there is intense interest in finding new medications that can treat this kind of breast cancer. Early studies are trying to find out whether certain medications can interfere with the processes that cause triple-negative breast cancer to grow.

### Who Gets Triple-Negative Breast Cancer? September 17, 2012

Anyone can get triple-negative breast cancer. However, researchers have found that it is more likely to affect:

- **Younger people.** Triple-negative breast cancer is more likely to occur before age 40 or 50, versus age 60 or older, which is more typical for other breast cancer types.
- **African-American and Hispanic women.** Triple-negative breast cancer most commonly affects African-American women, followed by Hispanic women. Asian women and non-Hispanic white women are less likely to develop this type of cancer. A recent study found that black women were 3 times more likely to develop triple-negative breast cancer than white women.
- **People with a BRCA1 mutation.** When people with an inherited BRCA1 mutation develop breast cancer, especially before age 50, it is usually found to be triple-negative.

Like other forms of breast cancer, triple-negative breast cancer is treated with surgery, radiation therapy, and/or chemotherapy. Based on other features of the cancer, such as stage and grade, your doctor will work with you to determine the best treatment approach.

## **Breast Cancer Tests: Screening, Diagnosis, and Monitoring**

*January 8, 2013*

Whether you've never had breast cancer and want to increase your odds of early detection, you've recently been diagnosed, or you are in the midst of treatment and follow-up, you know that breast cancer and medical tests go hand in hand. Most breast-cancer-related tests fall into one or more of the following categories:

- **Screening tests:** Screening tests (such as yearly mammograms) are given routinely to people who appear to be healthy and are not suspected of having breast cancer. Their purpose is to find breast cancer early, before any symptoms can develop and the cancer usually is easier to treat.
- **Diagnostic tests:** Diagnostic tests (such as biopsy) are given to people who are suspected of having breast cancer, either because of symptoms they may be experiencing or a screening test result. These tests are used to determine whether or not breast cancer is present and, if so, whether or not it has traveled outside the breast. Diagnostic tests also are used to gather more information about the cancer to guide decisions about treatment.
- **Monitoring tests:** Once breast cancer is diagnosed, many tests are used during and after treatment to monitor how well therapies are working. Monitoring tests also may be used to check for any signs of recurrence.

FDA News Release

# **FDA Approves New Therapy for Triple Negative Breast Cancer That Has Spread, Not Responded to Other Treatments**

For Immediate Release:

April 22, 2020

Today, the U.S. Food and Drug Administration granted accelerated approval to Trodelvy (sacituzumab govitecan-hziy) for the treatment of adult patients with triple-negative breast cancer that has spread to other parts of the body. Patients must have received at least two prior therapies before taking Trodelvy.

**“Metastatic triple-negative breast cancer is an aggressive form of breast cancer with limited treatment options. Chemotherapy has been the mainstay of treatment for triple-negative breast cancer. The approval of Trodelvy today represents a new targeted therapy for patients living with this aggressive malignancy,”** said Richard Pazdur, M.D., director of the FDA’s Oncology Center of Excellence and acting director of the Office of Oncologic Diseases in the FDA’s Center for Drug Evaluation and Research. **“There is intense interest in finding new medications to help treat metastatic triple-negative breast cancer. Today’s approval provides patients who’ve already tried two prior therapies with a new option.”**

Trodelvy is a Trop-2-directed antibody and topoisomerase inhibitor drug conjugate, meaning that the drug targets the Trop-2 receptor that helps the cancer grow, divide and spread, and is linked to topoisomerase inhibitor, which is a chemical compound that is toxic to cancer cells. Approximately two of every 10 breast cancer diagnoses worldwide are triple-negative. Triple-negative breast cancer is a type of breast cancer that tests negative for estrogen receptors, progesterone receptors and human epidermal growth factor receptor 2 (HER2) protein. Therefore, triple-negative breast cancer does not respond to hormonal therapy medicines or medicines that target HER2.

**As part of FDA’s ongoing and aggressive commitment to address the novel coronavirus pandemic, we continue to keep a strong focus on patients with cancer who constitute a vulnerable population at risk of contracting the disease,”** said Pazdur. **“At this critical time, we continue to expedite oncology product development. This application was approved more than a month ahead of the FDA goal date – an**

**example of that commitment. Our staff is continuing to meet with drug developers, academic investigators, and patient advocates to push forward the coordinated review of treatments for cancer.”**

The FDA approved Trodelvy based on the results of a clinical trial of 108 patients with metastatic triple-negative breast cancer who had received at least two prior treatments for metastatic disease. The efficacy of Trodelvy was based on the overall response rate (ORR) – which reflects the percentage of patients that had a certain amount of tumor shrinkage. The ORR was 33.3%, with a median duration of response of 7.7 months. Of the patients with a response to Trodelvy, 55.6% maintained their response for 6 or more months and 16.7% maintained their response for 12 or more months.

The prescribing information for Trodelvy includes a Boxed Warning to advise health care professionals and patients about the risk of severe neutropenia (abnormally low levels of white blood cells) and severe diarrhea. Health care professionals should monitor patient’s blood cell counts periodically during treatment with Trodelvy and consider treatment with a type of therapy called granulocyte-colony stimulating factor (G-CSF), which stimulates the bone marrow to produce white blood cells called granulocytes and stem cells and releases them into the bloodstream, to help prevent infection, and should initiate anti-infective treatment in patients with febrile neutropenia (development of fever when white blood cell are abnormally low).

Additionally, health care professionals should monitor patients with diarrhea and give fluid, electrolytes, and supportive care medications, as needed. Trodelvy may need to be withheld, dose reduced or permanently discontinued for neutropenia or diarrhea. Trodelvy can cause hypersensitivity reactions including severe anaphylactic (allergic) reactions. Patients should be monitored for infusion-related reactions and health care professionals should discontinue Trodelvy if severe or life-threatening reactions occur. If patients experience nausea or vomiting while taking Trodelvy, health care professionals should use antiemetic preventive treatment, to prevent nausea and vomiting. Patients with reduced uridine diphosphate-glucuronosyl transferase 1A1 (UGT1A1) activity are at increased risk for neutropenia following initiation of Trodelvy treatment.

The most common side effects for patients taking Trodelvy were nausea, neutropenia, diarrhea, fatigue, anemia, vomiting, alopecia (hair loss), constipation, decreased appetite, rash and abdominal pain.

Women who are pregnant should not take Trodelvy because it may cause harm to a developing fetus or newborn baby. The FDA advises health care professionals to inform females of reproductive age to use effective contraception during treatment with Trodelvy and for 6 months after the last dose. Male patients with female partners of reproductive potential should also use effective contraception during treatment with Trodelvy and for three months after the last dose.

Trodelvy was granted [accelerated approval](#), which enables the FDA to approve drugs for serious conditions to fill an unmet medical need based on a result that is reasonably likely to predict a clinical benefit to patients. Further clinical trials are required to verify and describe Trodelvy’s clinical benefit.

The FDA granted this application [Priority Review](#) and [Breakthrough Therapy](#) designation, which expedites the development and review of drugs that are intended to treat a serious condition when preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over available therapies. Trodelvy was also granted [Fast Track](#) designation, which expedites the review of drugs to treat serious conditions and fill an unmet medical need.

The FDA granted approval of Trodelvy to Immunomedics, Inc.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation’s food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

<https://www.fda.gov/news-events/press-announcements/fda-approves-new-therapy-triple-negative-breast-cancer-has-spread-not-responded-other-treatments>

# TRODELVY GIVES YOU A DIFFERENT WAY TO TREAT...

Please choose a cancer type:

[Metastatic triple-negative breast cancer](#)  
[NEW DATA](#)

For adults with a type of breast cancer that is estrogen and progesterone hormone receptor (HR) negative, and human epidermal growth factor receptor 2 (HER2)-negative (also called triple-negative breast cancer) that has spread to other parts of the body (metastatic) or cannot be removed by surgery, and who have received two or more prior treatments, including at least one treatment for metastatic disease.

## *What is TRODELVY?*

TRODELVY® (sacituzumab govitecan-hziy) is a prescription medicine used to treat adults with:

- triple-negative breast cancer (negative for estrogen and progesterone hormone receptors and HER2) that has spread to other parts of the body (metastatic) or cannot be removed by surgery, and who have received two or more prior treatments, including at least one treatment for metastatic disease.
- bladder cancer and cancers of the urinary tract that have spread or cannot be removed by surgery, and who have received a platinum-containing chemotherapy medicine and also received an immunotherapy medicine.

It is not known if TRODELVY is safe and effective in people with moderate or severe liver problems or in children.

## *Important Safety Information*

TRODELVY can cause serious side effects, including low white blood cell count and diarrhea:

- **Low white blood cell count (neutropenia)** which is common and can sometimes be severe and lead to infections that can be life-threatening or cause death. Your healthcare provider should check your blood cell counts during treatment. If your white blood cell count is too low, your healthcare provider may need to lower your dose, give you a medicine to help prevent low blood cell count with future doses of TRODELVY, or in some cases may stop TRODELVY. Your healthcare provider may need to give you antibiotic medicines if you develop fever while your white blood cell count is low. **Call your healthcare provider right away if you develop any of the following signs of infection:** fever, chills, cough, shortness of breath, or burning or pain when you urinate.
- **Severe diarrhea.** Diarrhea is common and can be severe. Your healthcare provider should monitor you for diarrhea and give you medicine as needed to help control it. If you lose too much body fluid (dehydration), your healthcare provider may need to give you fluids and electrolytes to replace body salts. If diarrhea happens later in your treatment, your healthcare provider may check you to see if it may be caused by an infection. Your healthcare provider may decrease your dose or stop TRODELVY if your diarrhea is severe and cannot be controlled with anti-diarrheal medicines.
  - **Call your healthcare provider right away** the first time that you get diarrhea during treatment with TRODELVY; if you have black or bloody stools; if you have symptoms of dehydration, such as lightheadedness, dizziness, or faintness; if you are unable to take fluids by mouth due to nausea or vomiting; or if you are not able to get your diarrhea under control within 24 hours.

**Do not receive TRODELVY if you have had a severe allergic reaction to TRODELVY.** Ask your healthcare provider if you are not sure.

**Allergic and infusion-related reactions** which can be serious and life-threatening. Tell your healthcare provider or nurse right away if you get any of the following symptoms during your infusion of TRODELVY or within 24 hours after: swelling of your face, lips, tongue, or throat; hives; skin rash, itching, or flushing of your skin; fever; difficulty breathing or wheezing; lightheadedness, dizziness, feeling faint, or pass out; or chills or shaking chills (rigors).

**Nausea and vomiting** are common with TRODELVY and can sometimes be severe. Before each dose of TRODELVY, you will receive medicines to help prevent nausea and vomiting along with medicines to take home with instructions about how to take them. Call your healthcare provider right away if you have nausea or vomiting that is not controlled with the medicines prescribed for you. Your healthcare provider may decide to decrease your dose or stop TRODELVY if your nausea and vomiting is severe and cannot be controlled with anti-nausea medicines.

**Before receiving TRODELVY, tell your healthcare provider about all of your medical conditions, including if you:**

- have been told that you carry a gene for UGT1A1\*28, which can increase your risk of getting side effects with TRODELVY, especially low white blood cell counts, with or without a fever, and low red blood cell counts.
- have liver problems.
- are pregnant or plan to become pregnant. TRODELVY can harm your unborn baby. Your healthcare provider should check to see if you are pregnant before you start receiving TRODELVY. TRODELVY may cause fertility problems in females, which could affect your ability to have a baby. Talk to your healthcare provider if fertility is a concern for you.
  - Females who can become pregnant should use effective birth control during treatment and for 6 months after your last dose of TRODELVY. Talk to your healthcare provider about birth control choices that may be right for you during this time.
  - Males with a female partner who can become pregnant should use effective birth control during treatment and for 3 months after your last dose of TRODELVY.
  - Tell your healthcare provider right away if you or your partner become pregnant during treatment with TRODELVY.
- are breastfeeding or plan to breastfeed. It is not known if TRODELVY passes into your breastmilk and can harm your baby. Do not breastfeed during treatment and for 1 month after your last dose of TRODELVY.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Certain medicines may affect the way TRODELVY works.

**The most common side effects of TRODELVY include** feeling tired or weak, hair loss, decreased red blood cell count, constipation, decreased appetite, rash, and stomach-area (abdominal) pain or discomfort.

These are not all of the possible side effects of TRODELVY. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see [Important Facts](#) about TRODELVY, including **Important Warning**.

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[https://trodelvy.com/?gclid=CjwKCAjwp\\_GJBhBmEiwALWBQkwsPpshAs2V6d4UKJg6LfYhsWTXpIPJ6-x0iXRQPoKQQPo\\_ftIhIXBoCkFEQAvD\\_BwE&gclsrc=aw.ds](https://trodelvy.com/?gclid=CjwKCAjwp_GJBhBmEiwALWBQkwsPpshAs2V6d4UKJg6LfYhsWTXpIPJ6-x0iXRQPoKQQPo_ftIhIXBoCkFEQAvD_BwE&gclsrc=aw.ds)

# Trodelvy Associated with Better Benefits Than Chemo in Metastatic Triple-Negative Breast Cancer, Regardless of Agent

June 9, 2021

[Kristi Rosa](#)

*The data, according to the study's lead author, confirm that Trodelvy should be considered a new standard of care in patients with metastatic triple-negative breast cancer.*

Treatment with Trodelvy (sacituzumab govitecan) induced better survival outcomes and responses to therapy than physician's choice of therapy, regardless of which chemotherapy agent was used, in patients with metastatic triple-negative breast cancer (TNBC), according to an analysis of data from a phase 3 trial.

The results, which were presented at the 2021 American Society of Clinical Oncology (ASCO) Annual Meeting, demonstrated that patients who received Trodelvy achieved a more improved benefit in progression-free survival (time during and after treatment when the patient lives without disease progression), overall survival (length of time from either diagnosis or start of treatment that a patient is still alive) and objective response rate (the percentage of patients with partial and complete responses to treatment).

The physician's choice of chemotherapy options included eribulin, vinorelbine, capecitabine, or gemcitabine. The median progression-free survival was 5.6 months with Trodelvy, 2.1 months with eribulin, 1.6 months with vinorelbine, 1.6 months with capecitabine, and 2.7 months with gemcitabine.

The use of Trodelvy was also associated with prolonged median overall survival over eribulin, vinorelbine, capecitabine, or gemcitabine, at 12.1 months versus 6.9 months, 5.9 months, 5.2 months, and 8.4 months, respectively. Moreover, the study drug elicited an objective response rate of 35%. This outcome was significantly better than the 5%, 4%, 6%, and 3% with eribulin, vinorelbine, capecitabine, or gemcitabine, respectively.

“The efficacy benefit for median (progression-free survival), median (overall survival), and (objective response rate) with (Trodelvy) versus single-agent chemotherapy in the second-line or greater metastatic TNBC setting in ASCENT was retained when evaluating each chemotherapy agent individually,” lead study author Dr. Joyce A. O’Shaughnessy, cochair of breast cancer research and chair of breast cancer prevention research at Baylor-Sammons Cancer Center of Texas Oncology in Dallas, said during a presentation of the data. “These results confirm that (Trodelvy) should be considered as a new standard of care in this patient population.”

For patients with previously treated TNBC, standard treatment has comprised single-agent chemotherapy; however, this approach has been linked with responses rates of under 20% and a short progression-free survival ranging from just 2 to 3 months.

In April 2021, the Food and Drug Administration (FDA) granted Trodelvy [a full approval to treat patients](#) with unresectable locally advanced or metastatic TNBC who have received two or more prior systemic therapies, at least one of which was for metastatic disease. The regulatory decision was based on earlier data from the ASCENT trial, which showed that the agent significantly improved survival over physician's choice of single-agent chemotherapy in patients with metastatic TNBC who were receiving treatment in the second- or later-line setting.

In the analysis of the data, which was presented during the ASCO Annual Meeting, investigators evaluated the safety and efficacy of Trodelvy versus each chemotherapy agent to determine how each drug performed individually.

Of the 529 patients enrolled to the phase 3 study, 235 patients in the study drug group were negative from brain metastases, as were 233 patients in the chemotherapy group. In those who did not receive study drug, eribulin was noted to be the most frequently selected agent (126 patients), followed by vinorelbine (47 patients), capecitabine (31 patients), and gemcitabine (29 patients).

At the time of data cutoff, 15 patients remained on treatment with Trodelvy compared to 0 in the chemotherapy group. The most frequently reported reasons for study discontinuation included disease progression and withdrawn consent.

Additional data showed that of those who responded to treatment with study drug, the complete response rate was 4% and the partial response rate was 31%.

Regarding safety, pivotal treatment-related side effects that were serious or severe experienced with the Trodelvy compared to eribulin included neutropenia (51% vs. 31%), leukopenia (10% vs. 5%), diarrhea (10% vs. 0%), anemia (8% vs. 2%), febrile neutropenia (6% vs. 2%), fatigue (3% vs. 5%) and peripheral neuropathy (0% vs. 2%).

Important serious or severe side effects reported with study drug compared to vinorelbine, capecitabine, and gemcitabine combined included neutropenia (51% vs. 36%), leukopenia (10% vs. 6%), diarrhea (10% vs. 1%), anemia (8% vs. 8%), febrile neutropenia (6% vs. 2%) and fatigue (3% vs. 6%).

Additionally, treatment-emergent side effects resulted in discontinuation in 5% of those who received Trodelvy, 2% of those given eribulin, 10% of those who received vinorelbine, 7% of those given capecitabine, and 9% of those who were administered gemcitabine. Of note, no treatment-related deaths occurred in the Trodelvy group.

“The safety profile of (Trodelvy) versus single-agent chemotherapy in the second-line or greater metastatic TNBC setting in ASCENT was comparable,” O’Shaughnessy concluded.

*For more news on cancer updates, research and education, don’t forget to [subscribe to CURE®’s newsletters here](#).*

## Trodelvy UK approval still won't see women get the breast cancer drug as pricing not agreed



10-09-2021 [Print](#)

Today's news of the licensing of Trodelvy (sacituzumab govitecan) brings little comfort to women with triple negative incurable secondary breast cancer, as the drug's developer, company Gilead Sciences (Nasdaq: GILD), failed to reach an agreement with NHS England to provide the drug free-of-charge to eligible patients, ahead of a National Institute for Health and Care Excellence (NICE) decision on routine National Health Service (NHS) access next year, says the charity Breast Cancer Now.

Instead, hundreds of women in England who already face short prognoses and limited treatment options could now face an agonizing wait of up to eight months to access Trodelvy and the chance it brings of precious extra time with loved ones and doing what matters most to them.

Trodelvy's licensing through the Project Orbis scheme, which the Medicines and Healthcare products Regulatory Agency (MHRA) joined at the start of the year, comes only a day after that of a [lung cancer drug, sotorasib](#), and four months after another drug, both of which were successfully made immediately available to patients following licensing via an interim access scheme agreed by the drug companies Amgen (Nasdaq: AMGN) and AstraZeneca (LSE: AZN) with NHS England.

### NICE decision due March 2022

The NICE appraisal for Trodelvy is currently in development and the provisional schedule suggests that the committee meeting will take place on March 15, 2022 so a decision will follow shortly after this.

Gilead will introduce a pre-reimbursement access scheme for Trodelvy shortly after licensing, but this limited scheme will not guarantee that all women who need this drug will be able to receive it.

Breast Cancer Now is calling on the public to sign its ['It's Time for Trodelvy'](#) petition which calls on Gilead to provide the drug free-of-charge on the NHS to all eligible women who desperately need it and don't have time to wait.

In April this year, the US Food and Drug Administration granted full approval to Trodelvy (sacituzumab govitecan-hziy) for adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease. At that time, Cowan analyst Phil Nadeau said Trodelvy is expected to have \$4 billion in peak sales.

[Biotechnology](#)[Breast cancer](#)[Focus On](#)[Gilead Sciences](#)[Medicines and Healthcare products Regulatory Agency \(MHRA\)](#)[Oncology](#)[Pricing, reimbursement and access](#)[Trodelvy](#)[UK](#)[USA](#)

Gilead Sciences, Trodelvy, MHRA, Approval, NICE, Appraisal, Cancer, Breast, Breast Cancer

## Fibrocystic breast disease: Does it increase the risk of breast cancer?

Does having fibrocystic breast disease increase the risk of breast cancer?

### Answer

Fibrocystic breast changes do not increase the risk of breast cancer.

Women with fibrocystic changes have lumpy, tender breasts. These changes were once considered a disease and referred to as fibrocystic breast disease. But because this condition occurs so commonly in normal breasts, it is now considered a normal variation and most doctors refer to it as fibrocystic breast changes.

The most frequent cause of fibrocystic breast changes is fluctuations in hormone levels during a woman's menstrual cycle. These changes most often occur right before menstruation and include:

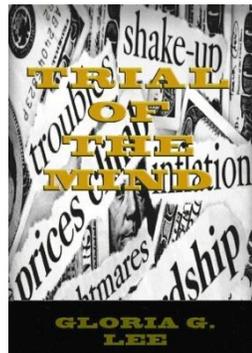
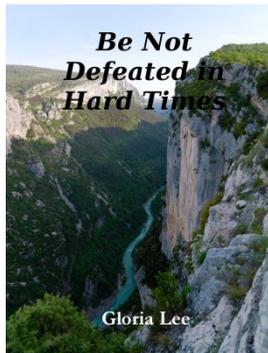
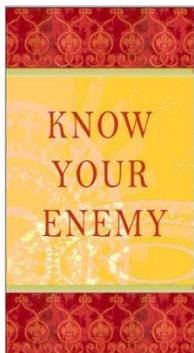
- Thickened, lumpy areas in the breast tissue
- Feeling of fullness in the breasts
- Pain and tenderness
- Noncancerous (benign) cysts
- Non-bloody nipple discharge

Although having fibrocystic breasts doesn't increase your risk of breast cancer, it may make it more challenging to do breast self-exams. For this reason, it is important to become familiar with how your breasts feel by monitoring for any new changes. If you choose to perform breast self-exams, review the technique with your doctor to ensure that you are doing it correctly. In addition, fibrocystic breast changes can make mammogram results more difficult to interpret due to increased breast density. Consult your doctor if you:

- Have severe or persistent breast pain that doesn't fluctuate with your menstrual cycle
- Find a new change or lump in your breast that persists for two menstrual cycles

Source: Mayo Foundation for Medical Education and Research, Tools of Healthier Lives, by Mayo Clinic Staff, 2006

Excerpts of each book can be read online at website. The following books:



- Provide information so you can learn to control your emotions!
- Show you how to defeat negative thinking and how to live life the way you want!
- Discuss how hope will bring possibilities into your life!
- Discuss how to have the courage to face any obstacle!
- Give details as to how to get to know the Lord in a deeper, more powerful way in these times. Man has only one challenge in life and that is to stand.
-

# The Breast Cancer Myth

Finding a lump in your breast means you have breast cancer.

## The Truth

Only a small percentage of breast lumps turn out to be cancer. But if you discover a persistent lump in your breast or notice any changes in breast tissue, it should never be ignored. It is very important that you see a physician for a clinical breast exam. He or she may possibly order breast imaging studies to determine if this lump is of concern or not.

Take charge of your health by performing routine breast self-exams, establishing ongoing communication with your doctor, getting an annual clinical breast exam, and scheduling your routine screening mammograms.

# The Breast Cancer Myth

Men do not get breast cancer; it affects women only.

## The Truth

Quite the contrary, each year it is estimated that approximately 2,190 men will be diagnosed with breast cancer and 410 will die. While this percentage is still small, men should also check themselves periodically by doing a breast self-exam while in the shower and reporting any changes to their physicians.

Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Men carry a higher mortality than women do, primarily because awareness among men is less and they are less likely to assume a lump is breast cancer, which can cause a delay in seeking treatment.

# The Breast Cancer Myth

A mammogram can cause breast cancer to spread.

## The Truth

A mammogram, or x-ray of the breast, currently remains the gold standard for the early detection of breast cancer. Breast compression while getting a mammogram cannot cause cancer to spread. According to the National Cancer Institute, "The benefits of mammography, however, nearly always outweigh the potential harm from the radiation exposure. Mammograms require very small doses of radiation. The risk of harm from this radiation exposure is extremely low."

The standard recommendation is an annual mammographic screening for women beginning at age 40. Base your decision on your physician's recommendation and be sure to discuss any remaining questions or concerns you may have with your physician.

# The Breast Cancer Myth

If you have a family history of breast cancer, you are likely to develop breast cancer, too.

## The Truth

While women who have a family history of breast cancer are in a higher risk group, most women who have breast cancer have no family history. Statistically only about 10% of individuals diagnosed with breast cancer have a family history of this disease.

- **If you have a first degree relative with breast cancer:** If you have a mother, daughter, or sister who developed breast cancer below the age of 50, you should consider some form of regular diagnostic breast imaging starting 10 years before the age of your relative's diagnosis.
- **If you have a second degree relative with breast cancer:** If you have had a grandmother or aunt who was diagnosed with breast cancer, your risk increases slightly, but it is not in the same risk category as those who have a first degree relative with breast cancer.
- **If you have multiple generations diagnosed with breast cancer on the same side of the family,** or if there are several individuals who are first degree relatives to one another, or several family members diagnosed under age 50, the probability increases that there is a breast cancer gene contributing to the cause of this familial history.

## The Breast Cancer Myth

Breast cancer is contagious.

### The Truth

You cannot catch breast cancer or transfer it to someone else's body. Breast cancer is the result of uncontrolled cell growth of mutated cells that begin to spread into other tissues within the breast. However, you can reduce your risk by practicing a healthy lifestyle, being aware of the risk factors, and following an early detection plan so that you will be diagnosed early if breast cancer were to occur.

## The Breast Cancer Myth

If the gene mutation BRCA1 or BRCA2 is detected in your DNA, you will definitely develop breast cancer.

### The Truth

According to the National Cancer Institute, regarding families who are known to carry BRCA1 or BRCA2, "not every woman in such families carries a harmful BRCA1 or BRCA2 mutation, and not every cancer in such families is linked to a harmful mutation in one of these genes. Furthermore, not every woman who has a harmful BRCA1 or BRCA2 mutation will develop breast and/or ovarian cancer. But, a woman who has inherited a harmful mutation in BRCA1 or BRCA2 is about five times more likely to develop breast cancer than a woman who does not have such a mutation." For people who discover they have the harmful mutation, there are various proactive measures that can be done to reduce risk. These include taking a hormonal therapy called Tamoxifen or deciding to take a surgical prevention approach which is to have bilateral prophylactic mastectomies, usually done with reconstruction. Most women will also have ovaries and fallopian tubes removed as well since there is no reliable screening test for the early stages of developing ovarian cancer.

## The Breast Cancer Myth **Antiperspirants and deodorants cause breast cancer.**

### The Truth

Researchers at the National Cancer Institute (NCI) are not aware of any conclusive evidence linking the use of underarm antiperspirants or deodorants and the subsequent development of breast cancer.

# Mommy Did You Get Your Mammogram This Year



## African American women are:

- less likely to be diagnosed with breast cancer
- more likely to be diagnosed with advanced stage breast cancer, if diagnosed
- more likely to be diagnosed with breast cancer that is aggressive and harder to treat, if diagnosed
- more likely to have breast cancer come back
- **more likely to die from breast cancer**

Help Save A Woman's Life and Those of Her Children by inviting Gloria Lee from Touched By The Light Foundation to speak before your convention, women's group or club or church regarding Breast Cancer in Black women. Prevention Saves Lives

African-American women don't fit the profile of the average American woman who gets breast cancer. putting off the first mammogram until 50 — as recommended by a government task force — could put their life in danger. "One size doesn't fit all." The recommendations waiting until 40 may be appropriate for the general population could have a deleterious affect on African-American women who appear to have a higher risk of developing very deadly breast cancers at early in life. A study found that African American women are **3 times more likely than white or Hispanic** women to be diagnosed with triple-negative breast cancer. African-American women appear to have a higher risk of developing very deadly breast cancers at early in life. Beginning in their 20s, into their 50s, black women are twice as likely to die of breast cancer as white women who have breast cancer. In older black women, cases of breast cancer decline, but the high death rates persist. African-American women **aren't getting screened for breast cancer as often as white women** and when they do it is later in life. Often the mammograms are not routine screening mammograms, but rather they're done because the woman or her doctor felt a mass in a woman's breast.

Call 734-444-7821 or email us at Yithril11@netzero.net and invite us to speak at your next women's retreat or health event. The death of one woman to breast cancer from our community is one woman to many. No one should lose their life for lack of proper screening. Our women's coalition regularly meets the 2<sup>nd</sup> and 4<sup>th</sup> Sunday each month.

## Children left Motherless

For every woman who is murdered or dies from breast cancer or HIV/Aids there is probably a child left behind. That child will be raised by a relative or placed in foster care. If placed in foster care the child languishes until adopted. As you continue to read you will learn the fate of several young girls living in foster care homes. Children who have lost their mothers do not always fare well in foster care even if adopted. Parentless children suffer. How would you like to be told your mother was murdered because your father was angry that the court gave her custody of you? How would you like to be told your mother died of breast cancer and you will never see her again? These children suffer from being left behind. Society has yet to deal with the children who are present during murder. How many people do you know who has received therapy due to the death of a loved one? It does not matter how many uncles, cousins, sisters, or brothers a child has; nothing takes the place of a parent. The function of a parent is to give a child a feeling of security, homeostasis, and placement. No individual can take the place of a parent. The parent is the rock for the attachment of the child. A parent is the child's strength. A child can say no when a parent is present. The child can make choices and negotiate when their parents are present. Their sovereignty is taken away from them when they are motherless. Parents are the resolution of life for children and no child should be made to live without his or her mother. Do not count on the state to place your motherless child with one of your family members. Placing children in foster care has become as profitable as placing Black men in prison.

This nation apparently does not understand or does not want to understand the devastation visited upon society when the mother is missing from the home. Children need their mothers, and they should not have to suffer all their lives by having their mothers taken away from them. There has been enough posturing by politicians and drug companies in this country for the past century. If Rogaine can be developed for male baldness and drugs to treat aids to protect males surely breast cancer in female should not be far behind. The problem of violence against women and women dying of HIV/Aids and breast cancer must be solved. Living without a mother is worse than living without food or water. Social scientists can design thousands of grieving programs for children who have lost their parents, but nothing will replace the pain and void a child feels in not being able to see his or her mother again. There was a man sitting in a bar during a fund-raising event. When he learned money was being collected for a little girl because her mother was recently murdered, he openly wept in that bar. He said the child's life would never be the same, he knows because he had to live without his mother. Do you realize how powerful the pain was inside this man for him to weep openly in a bar? He was not only crying for that child he was crying for himself.

There is too much unresolved pain left behind when a parent dies. The murder of a woman is not an isolated event nor is the death of a woman from HIV/Aids or Breast cancer an isolated event. These deaths have a rippling effect; thousands and thousands of people are affected by one death. Murder is a scar on society. It is a signal that a conflict could not be resolved. Woman should not have to live in isolation fearing for their lives. A concerted effort should be launched to educate young males that women are not objects to be won or own. Young males should be taught women are sovereign individuals. Women have equal rights to determine their destiny. Society should also recognize the waste when a woman dies of breast cancer.

The reason why the decisions you make regarding your safety and your health are so important is because you are a mother, and you are the only natural protector of your children. If you make the wrong decision regarding your safety or health, your children will be left motherless. A motherless child is the most wretched person in the world. Understand this, motherless children must do as they are told, they have no negotiator and no sovereignty over their bodies. The children that survive foster care are dumped onto our city streets with no family affiliations, support, or hope to begin a future. What are they to do? They are poorly educated and bruised and battered emotionally. Predators spend their days look for motherless children. Motherless children are profitable. The predators use the naiveté of motherless children to their

sexual and financial advantage. The motherless children are obliging because they have been trained to be conciliatory all their lives under the foster care system. Our society has moved so fast in the last fifty years that it has not considered those among us that are living in pain. The casualties are accumulating in our cemeteries. Many of these individuals were motherless children. It is not fair for you to leave your children motherless. Regardless of what society or your girlfriend says with respect to your responsibility toward your children you are intrinsically linked to the destiny of your child's life. The responsibility of a mother toward her child cannot be abdicated so every time you consider your safety you must ask yourself have, I placed myself in a situation of danger (talking too much) by my decision or my failure to respond to a dangerous signal? If you choose to ignore this warning or if you feel insulted by our insolence, the next time you hear a child cry, stop, and listen to the wailing when the child cries mommy.

One of our campaigns is to get the word out about motherless children and why women must fight to stay healthy for their children. Here are a few short stories of motherless children see if these stories do not motivate you to stand up and help. Doris Ann McLeod age 16 was placed in foster care. A pimp lured her from the home. He got her to prostitute once or twice then she refused. When she became adamant and wanted to return home, he took her to the basement hung her from the pipes and beat her to death. He did this in front of his three-year-old son. The man is now serving life in a Wisconsin prison. The judge ordered that every day on Doris McLeod's birthday the man is shown a picture of his victim. Sherri Canterbury age 11 lived in a foster care home in Lynn, Massachusetts. February 24, 1980, she was strangled to death after arguing with an eighteen-year-old male living in the group home. After she was murdered, her body was placed in the trunk of his car. He drove around for two days with her body in his car. Brittany Scott age 5 was murdered while in state custody. Her foster care provider beat her to death in January 1993. A 12-year-old foster child in Essie Scott's care refused to return home from school, saying that her foster mother had been beating her. The girl told social workers that Ms. Scott had hit her because two cans of peaches were opened and left in the basement and that she and other foster children were beaten with extension cords after their clothing was removed. Ariel Catherine Shaw 19 months died in a Georgia foster care home January 26, 2000. Kevin King, 20, was convicted in 1992 of the death Patricia Urbnski, 15. She died of blunt head trauma, strangulation and stab wounds to the chest. Kevin King was raised in foster care.

Wendy Joy Dansereau age 19 and a mother lived in Worchester, Massachusetts. She was strangled to death in a hotel on March 18, 1980. A hotel employee found her body. She was raised in state foster care. Lemaricus Davidson, 28, of Knoxville, Tennessee orchestrated two of the worse murders in state's history. He was sentenced to death in 2010. He was raised in foster care apart from his brother. Two-year-old Isaac Lethbridge died on August 16, 2006 because child welfare caseworkers took him from his parents and placed him in an unsafe foster home environment. He was beaten and burned while in state custody foster "care". His fosterer, Charlise Adams-Rogers, 59, is on trial for manslaughter. Jazzmin Davis was 15 years old when she was beaten to death. On September 2, 2008, police found the dead teenager and her brother in their feces and urine-soaked bedroom where they were often locked in a closet for days, every month. They looked starved and emaciated. "They were about 80 pounds, give or take a few pounds. "It was as if they had come out of a concentration camp. It was that bad." The list goes on. Every year foster children run away to escape only to be found prostituting and or murdered. A foster child running away is an ongoing problem. At the age of 18 foster children are dumped on the street without family or friend's education or resources to support themselves to begin a life. This is frightening. Volunteer to reduce the number of women dying thereby reducing the number of children entering foster care. We do not need any more children in foster care. They are prone to victimization. We must now join together to fight and stay healthy. You decide, do you want your child standing over your casket crying or will you join us and fight against breast cancer. Join our breast cancer campaign and help save a life. Go to our website <https://touchedbythelight.us> and download our brochure on breast cancer. Read the brochure several times then Email this brochure to 5 women asking them to do the same. Then purchase one of our books to help us help other women. No one should lose their life because of lack of knowledge. Make a point to attend all of our 12 conferences to learn more how you can change yourself, your community and other women. Also join us in our 40 Days of Change Program. This program is designed to give you a new lease on life in 40 Days, based on the books A Christian is Never Desperate and Be Not Defeated In Hard Times. Email us at [yithril1@netzero.net](mailto:yithril1@netzero.net) for more information. Tell A Friend About Us.

## When There is NO Knowledge There is ONLY Fear.

Fear is defined as a state of anxiety or dread, uneasiness or concern, an unpleasant feeling of perceived risk or danger, whether real or imagined. It is one of the basic emotions. Fear can be learned (fear conditioning). Associated with fear are specific physiological responses through the sympathetic nervous system where epinephrine and norepinephrine are released. These visceral responses are measurable and can cause an increase in heart rate, breathing, constricted blood vessels, and the tightening of muscles. A continued state of fear can lead to obesity, drinking, smoking, and self-medication. Fear is a state of being that causes harm to the body and can destroy man. Fear has degrees - terror, fright, paranoia, horror, dread, persecution. Caution is considered a mild stage of fear. Suspicion is a form of fear. Fear is dangerous when the emotion causes an organism to take flight rather than stand and fight. Is this the emotion you are feeling when you do not discuss breast cancer and how it is destroying lives in the Black community? Fear is an emotional state caused by uncertainty (God eliminates uncertainty). You become afraid when you do not know what is going to happen when you do not know the outcome of a dilemma or problem. If someone or something tells you it will be all right, you feel better but if you do not get this feedback, you feel bad. If you learn your lights are going to be cut off if you do not pay the electric company \$80.00, you feel bad. But if you look in your checkbook and see that you have a balance of \$100.00 you will feel better. Terror comes when you look in your checkbook and see that your balance is \$30.00 then you ask yourself how I will fair. What will happen to me if they cut the lights off? How will I feed my children? How will I keep their milk cold? It seems that the mere mention of breast cancer in many women brings a sense of terror causing them to avoid the subject altogether. They act as if they only have \$30.00 in their checking account and rather than calling the light company to decide, they avoid the matter altogether. When the light man comes out and turns the lights off then they have to face the problem and not bury their face in the sand. Running in fear means you do not know the Lord. If you know the Lord, you will not run-in terror you will exam your breast monthly or have your doctor do it if you are too afraid to exam your breast and you will go get your mammogram annually. I was diagnosed with cyst breast early in life. The cancer specialist told me to have my breasts exam annually because I had a discharge from my breast. I fought breast cancer by having a mammogram performed every year for 35 years. Every year I bit down on my fears and had my breast exam. In 2009 I was diagnosed with stage one breast cancer. I am now a breast cancer survivor because I diligently watched the discharge from my breast. Self-examination is not a silly exam. This examination provides knowledge as to what is going on in your body. A mammogram or a biopsy or an ultrasound is exams that give you knowledge as to what is going on in your body. Fear will dissipate the more you know about each exam and fear will dissipate the more you know about breast cancer itself and what is suggested to maintain good breast health. Fear will dissipate if you learn what foods and vitamins physicians suggest keeping the body health. Fear will dissipate when you learn more about the Lord. You are to do all that you can to protect your health because your children depend upon you for their solace and survival. Do not let fear or the absence of money stop you from getting a mammogram and do not put the lives of your children at risk by not having a mammogram. No child wants to be a motherless child. It is a horrible existence. A large number of men in prison were motherless the same with prostitutes.

The first thing you must realize is that you should not take on someone else's fear. You are not your girlfriend unless you and she have the same desires. The limitation people put on themselves does not govern your success. The outcome of your life can be determined by your efforts and your determination if you seek knowledge about breast cancer to live a longer life. You must realize the fear your parents or girlfriends speak of is the fear that they allowed to control their lives. You do not have to let these fears control your life. What was impossible for them does not have to be impossible for you. Someone took their fear in hand when they rowed their boat toward the horizon after being told they would fall off the earth if they did so. If you are in a conversation and you become fearful, stop and ask yourself where did this fear come from? If the answer, is you began to feel fear after talking to a particular person avoid that person. What you must seek in life is knowledge. Do you know what radiology and chemotherapy are? Whenever anything causes you fear you must seek knowledge and speak life on the subject so you can master it instead of the fear mastering you. Join me in the fight against breast cancer by calling 734 786 3233 and getting the word out that early detection saves lives. You cannot effect change through fear. Fear is only changed through knowledge. After my January 2013 mammogram I was called back for an ultrasound. I underwent another series of exam, that knowledge caused my physician to tell me see you next year. God did not create

you to walk in fear. Stand up. Your ancestors did. You should have enough knowledge to explain breast cancer to your daughter. **Do it for your children.**

Join Touched by The Light Foundation in fighting Breast Cancer by volunteering a few hours a month. We can be reached at 734 786 3233 or email [yithril11@netzero.net](mailto:yithril11@netzero.net). You can help by email, in person etc. Just join so we can stop children suffering the loss of their mothers. We meet the first and second Tuesday of each month. Special meetings are called for Saturdays. Any time you offer will be appreciated. Do not wait until you are 40 to get a Mammogram. See us at <https://touchedbythelight.us> Jazzmin Davis of California was 15 years old when she was beaten to death. On September 2, 2008, police found the dead teenager and her twin brother in their feces and urine-soaked bedroom where they were often locked in a closet for days, even months. They looked starved and emaciated. "They were about 80 pounds, give or take a few pounds. "It was as if they had come out of a concentration camp. It was that bad." No worker saw the abuse. They were left in the hands of their tormentor, their aunt. Help us stop women from dying leaving children in foster care.

Our objective here is not to tell you how important it is for you to get a mammogram. We know it is not news to hear that women are still dying of breast cancer. You have heard of all this before. You have been told to get a mammogram. You have been told to examine your breast monthly. "Yet some of you say I was too busy to do these things. I forgot." You make these statements, yet you have a young child sleeping in the room next to you. You have probably been solicited to walk for breast cancer, or donate to breast cancer etc. Getting you to walk for breast cancer or to donate toward a breast cancer effort is not our objective here. Our objective is to get you involved once and for all in the fight against breast cancer until this disease is eradicated just as smallpox was eradicated. As we fight for breast cancer, heart disease and ovarian cancer will tag along. We must dedicate ourselves to this fight as women before us were dedicated to the fight for the right to vote.

It is time for the women of this country to stand up for one another once and for all. It is time for you to appreciate the freedom that has been purchased for you through the lives of so many soldiers both alive and dead. It is now time for all the petty feuds, racisms, and other foolishness to stop. The word breast cancer makes cowards of us all. Who do you see walking toward a graveyard? Who do you see jumping in a casket? Who do you know that says "I am happy to die?" What woman do you know who says, "I don't mind dying of breast cancer?" You are inadvertently saying this any time you do not stand up and fight against ignorance, stupidity, and foolishness. If you are a White or Black woman or a Jewish or Arab woman, and you hate black people or you hate foreigners or you hate Mexicans, the word breast cancer will knock you to your knees and you will not care what color or race the surgeon, or radiologist or oncologist is as long as this person does his or her job and rids your body of cancer. You know once you are diagnosed with breast cancer all your hopes and dreams are gone if your physician cannot arrest this disease. You will start praying to a god then. You are going to go to anyone you think will help you and you will be willing to try any drug you think will cure you.

The women of this country have a job to do, and that job is to work toward a system that will save our lives and our daughter's lives. This is our common interest, and we all need to work toward our common interest and stop letting politicians and corporate America divide us. I want you to stand up, look in the mirror and say "I hate Blacks so much or I hate Whites so much or I hate Mexicans so much or I hate foreigners so much that I will not help with the breast cancer efforts because it might save their lives." Will you say this in light of the fact that research and development may save your daughter's life? Can you think of a system where you can exclude women of selective races not to enjoy the benefits of cancer research that you support with your time effort and money? The reason why we have a job to do is because there is no one else on this planet that can solve this problem but us. We have the fuel, we have the energy, we have the talent, and we have the fortitude to get this job done. We are the freest women on this planet. Yet American women are being bogged down by rhetoric. Politicians are running us to and fro. Corporate America is running us to and fro. The banks are messing with our minds and the perfume and plastic surgeons are gleefully running to the bank with their riches and taking vacations in Tahiti. There are some cable networks dedicated to dividing women, forcing them to concentrate on their buttocks and breast size. There is a cable station that starts with the letter B. Their programming is directed towards women. All the shows talk about is breast and buttock sizes and bling. The shows appeal to base instincts fostering envy, jealousy, and gossip. "I am better than you because I am married to a football player." "I am better than you because I am married to a doctor." "Don't you wish you were me sitting there in your 2 by 4 home while I

*sit in luxury drinking martini?"* Turn the television off on these women. All these women are doing is making money and the more you envy them the better their ratings and the more money they will make while leaving you sitting at home upset and hurt over your financial situation. Do not indulge in an hour of self-debasement. The world spends billions of dollars telling you what you are not. So why should you selectively allow yourself to be berated for an hour in front of a television? Ladies we are better than this. I would like for you to do some research: When did HIV/AIDS come on the scene (reported by newspapers as a serious health threat to heterosexuals – white male)? When did the breakthrough occur in the development of vaccines or medication to arrest this disease? Research the drug Rogaine, and the drug for penis enlargement. Now compare this time to the fight against breast cancer. What is the profit motive in breast cancer research? America is no different than India. Americans worship the male over the female also. Take note of the attack on Planned Parenthood in light of the fact Planned Parenthood helps women fight against breast cancer and other diseases. Take note of the fight against Obama care. Millions of women will be helped under this act. Insurance companies can no longer charge women more than they do men for insurance. The insurance industry made trillions of dollars charging women more than men for insurance. Do you know many insurance companies refuse to pay for mammograms for women under the age of 40? In light of the fact many scientists are now saying 40 is not the correct standard for a portion of our population, especially Black women. As long as corporate America, and the politicians and the insurance companies can keep women fighting one another these entities can continue enjoying life while we wallow in misery. The women of this country need to show self-interest. Your daughter's life is involved in this fight. Your mother, your sister, your favorite aunt, your cousin lives are all involved in this fight. Become involved. Educate yourself go online read article after article about breast cancer. We need to know who is doing what research. We need to collaborate without self-serving female politicians within our midst. Join us we have work to do. Call 734 786 3233 sign up for our free workshop and find a book to read at our websites <https://touchedbythelight.us> or <http://www.nisv.info/bookstore.html> Every day you need to do something to help yourself and other women because therein lies our protection and welfare. Power is never given it is always taken.

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All Essays - Make a Lifestyle Change – Do It For Your Children- This Information Can Save Your Life, Mommy Did You Get Your Mammogram, Children Left Motherless, When There is No Knowledge There is Only Fear, You have a responsibility to yourself, and Breast cancer is not a subject any woman wants to discuss – were written by Minister Gloria G. Lee

## Glossary of Terms:

**Diagnosis:** The determination of the Nature of a Disease or condition, or the distinguishing of one Disease or condition from another. Assessment may be made through Physical Examination, Laboratory tests, or the likes. Computerized Programs may be used to enhance the decision-making process.

**Disease:** A definite pathologic process with a characteristic set of Signs and Symptoms. It may **Affect** the whole body or any of its parts, and its etiology, Pathology, and Prognosis may be known or unknown.

**Fibrocystic Disease:** A noncancerous breast condition in which multiple cysts or lumpy areas develop in one or both breasts. It can be accompanied by discomfort or pain that fluctuates with the menstrual cycle. May be exacerbated by caffeine use. Large cysts can be treated by aspiration of the fluid they contain. Stop drinking coffee and other caffeine drinks. Rubbing Vitamin E. on the breast will help relieve the pain.

**Lymph Node:** Small bean-shaped organ made up of a loose meshwork of reticular tissue in which are enmeshed large numbers of lymphocytes, macrophages and accessory cells located along the lymphatic system. Recirculating lymphocytes leave the blood through the specialized high endothelial venules of the lymph node and pass through the node before being returned to the blood through the lymphatic system. Because the lymph nodes act as drainage points for tissue fluids, they are also regions in which foreign antigens present in the tissue fluid are most likely to begin to elicit an immune response. Nodes filter out bacteria or cancer cells that may travel through the lymphatic system.

**Lymph node** or **lymph gland** is an oval-shaped organ of the immune system, distributed widely throughout the body including the armpit and stomach and linked by lymphatic vessels. Lymph nodes are garrisons of B, T, and other immunity cells. Lymph nodes act as filters or traps for foreign particles and are important in the proper functioning of the immune system. They are packed tightly with the white blood cells called lymphocytes and macrophages. Lymph nodes also have clinical significance. They become inflamed or enlarged in various conditions, which may range from trivial, such as a throat infection, to life-threatening such as cancers. In the latter, the condition of lymph nodes is so significant that it is used for cancer staging, which decides the treatment to be employed, and for determining the prognosis. When swollen, inflamed or enlarged, lymph nodes can be hard, firm or tender. Lymph nodes can also be diagnosed by biopsy whenever they are inflamed. Certain diseases affect lymph nodes with characteristic consistency and location.

**Tumor:** An abnormal mass of tissue that results from excessive cell division that is uncontrolled and progressive, also called a neoplasm. Tumours perform no useful body function. They may be either benign (not cancerous) or malignant. 2. Swelling, one of the cardinal signs of inflammations, morbid enlargement.

**Tumor** (American English) or **tumour** (British English) is commonly used as a synonym for a neoplasm (a solid or fluid-filled [cystic] lesion that may or may not be formed by an abnormal growth of *neoplastic* cells) that appears enlarged in size. *Tumor* is not synonymous with cancer. While cancer is by definition malignant, a tumor can be benign, pre-malignant, or malignant, or can represent a lesion without any cancerous potential whatsoever. The terms "mass" and "nodule" are often used synonymously with "tumor". However, the term "tumor" is used generically, without reference to the physical size of the lesion. More specifically, the term "mass" is often used when the lesion has a maximal diameter of at least 20 millimeters (mm) in greatest direction, while the term "nodule" is usually used when the size of the lesion is less than 20 mm in its greatest dimension (25.4 mm = 1 inch).

**These are diagnostic tools to exam the body.**

**Mammogram:** special imaging examination of the breast using X-rays. The purpose of this test is to investigate or to screen for an underlying breast cancer. The mass itself can be seen on the images, but other features such as calcification may be found in some benign and cancerous lumps. Further investigation of any abnormality is required and usually involves a biopsy or fine needle aspiration.

**X-Ray:** A type of irradiation used for imaging purposes that uses energy beams of very short wavelengths (0.1 to 1000 angstroms) that can penetrate most substances except heavy metals. This is the commonest form of imaging technique used in clinical practice everywhere in the world with the image captured on photographic film. An AP film is when the beams pass from front-to-back (anteroposterior) and is used for mobile film, particularly on the ward or in casualty. This is the opposite to a PA film (posteroanterior) in which the rays pass through the body from back-to-front. Most films taken in the main radiology department are PA.

**Magnetic Resonance Imaging - MRI:** A special imaging technique used to image internal structures of the body, particularly the soft tissues. An MRI image is often superior to a normal X-ray image. It uses the influence of a large magnet to polarize hydrogen atoms in the tissues and then monitors the summation of the spinning energies within living cells. Images are very clear and are particularly good for soft tissue, brain and spinal cord, joints and abdomen. These scans may be used for detecting some cancers or for following their progress.

**Dye:** Coloured chemical substances that impart more or less permanent colour to other materials. They are used for staining and colouring, as test reagents, and as therapeutic agents in medicine.

**Radiology:** A specialty concerned with the use of x-ray and other Forms of radiant energy in the Diagnosis and treatment of Disease.

**Radiation:** Emission or propagation of Acoustic waves (Sound), Electromagnetic Energy waves (such as Light; Radio Waves; Gamma Rays; or X-Rays), or a stream of subatomic particles (such as Electrons; Neutrons; Protons; or Alpha Particles).

**Chemotherapy:** The use of Drugs to treat a Disease or its symptoms. One example is the use of Antineoplastic Agents to treat CANCER.

### **Antineoplastic Agents**

Substances that inhibit or prevent the proliferation of Neoplasms.

### **Neoplasms**

New abnormal Growth of Tissue. Malignant neoplasms show a greater degree of Anaplasia and have the properties of invasion and Metastasis, compared to benign neoplasms.

### **Cells**

The fundamental, structural, and functional units or subunits of living organisms. They are composed of Cytoplasm containing various Organelles and a Cell Membrane boundary.

Cell: An autonomous self-replicating unit (in principle) that may constitute an organism (in the case of unicellular organisms) or be a sub unit of multicellular organisms in which individual cells may be more or less specialized (differentiated) for particular functions. The individual units from which tissues of the body are formed. All living organisms are composed of one or more cells. (26 Mar 1998)

### **Anaplasia**

Loss of structural differentiation and useful function of neoplastic Cells.

### **Cytoplasm**

The part of a Cell that contains the Cytosol and small structures excluding the Cell Nucleus; Mitochondria; and large Vacuoles. (Glick, Glossary of Biochemistry and Molecular Biology, 1990)

### **Cytosol**

Intracellular Fluid from the Cytoplasm after removal of Organelles and other insoluble Cytoplasmic components

## **Metastasis**

The Transfer of a Neoplasm from one organ or part of the body to another remote from the primary site.

**Ultrasound:** A type of imaging technique which uses high-frequency sound waves. This is highly operator-dependent and is thought to be useful in diagnosis but not particularly accurate in the assessment of tumour response.

**Ultrasound** is an oscillating sound pressure wave with a frequency greater than the upper limit of the human hearing range. Ultrasound is thus not separated from 'normal' (audible) sound based on differences in physical properties, only the fact that humans cannot hear it. Although this limit varies from person to person, it is approximately 20 kilohertz (20,000 hertz) in healthy, young adults. Ultrasound devices operate with frequencies from 20 kHz up to several gigahertz. Ultrasound is used in many different fields. Ultrasonic devices are used to detect objects and measure distances. Ultrasonic imaging (sonography) is used in both veterinary medicine and human medicine. In the nondestructive testing of products and structures, ultrasound is used to detect invisible flaws. Industrially, ultrasound is used for cleaning and for mixing, and to accelerate chemical processes. Organisms such as bats and porpoises use ultrasound for locating prey and obstacles.

**Imaging:** Radiological production of a clinical image using X-rays, ultrasound, computed tomography, magnetic resonance, radionuclide scanning, thermography, etc.; especially, cross-sectional imaging, such as ultrasonography, CT, or MRI.

**Cancer:** The first historical description of this condition was in relation to breast carcinoma. This is now a general term for more than 100 diseases that are characterized by uncontrolled, abnormal growth of cells. Cancer cells can spread locally or through the bloodstream and lymphatic system to other parts of the body. This entry appears with permission from the Dictionary of Cell and Molecular Biology (11 Mar 2008)

**Cancer:** , known medically as a malignant neoplasm, is a broad group of various diseases, all involving unregulated cell growth. In cancer, cells divide and grow uncontrollably, forming malignant tumors, and invade nearby parts of the body. The cancer may also spread to more distant parts of the body through the lymphatic system or bloodstream. Not all tumors are cancerous. Benign tumors do not grow uncontrollably, do not invade neighboring tissues, and do not spread throughout the body. There are over 200 different known cancers that afflict humans. Determining what causes cancer is complex. Many things are known to increase the risk of cancer, including tobacco use, certain infections, radiation, lack of physical activity, obesity, and environmental pollutants. These can directly damage genes or combine with existing genetic faults within cells to cause the disease. Approximately five to ten percent of cancers are entirely hereditary. Cancer can be detected in a number of ways, including the presence of certain signs and symptoms, screening tests, or medical imaging. Once a possible cancer is detected it is diagnosed by microscopic examination of a tissue sample. Cancer is usually treated with chemotherapy, radiation therapy and surgery. The chances of surviving the disease vary greatly by the type and location of the cancer and the extent of disease at the start of treatment. While cancer can affect people of all ages, and a few types of cancer are more common in children, the risk of developing cancer generally increases with age. In 2007, cancer caused about 13% of all human deaths worldwide (7.9 million). Rates are rising as more people live to an old age and as mass lifestyle changes occur in the developing world.

**Information obtained from online medical dictionary:** <http://medical-dictionary.com/results.php>

**You have a responsibility to yourself.** You have a responsibility to your husband. You have a responsibility to your children and to your sisters and brothers and to those who sacrificed for this country to remain healthy or to live as long as you can. In order to fulfill this responsibility, you must change the way you think. You are going to have to change the way you view relationships and the way you view your position in the world and the impact you have on the community in which you live. Take a look in the mirror. Who do you see? That is right take a real good look at you. Who is that person looking back at you? Choose five adjectives or phrases that describe you. Be frank in the use of the adjectives you use to describe yourself because the adjectives you use to describe yourself are the adjectives that are ruling your life. Are the adjectives: loser, a fat slob, an ugly shrimp, a jerk, a person no one likes? Do you like the woman you have become? Is she a nice person? Is she well adjusted? How well does she solve problems? If any of the adjectives or answers border on the negative, you need to change what you think about yourself because your self-perception is affecting the decisions you make about your health. That is correct, your health is affected by what and how you think. You may need to rethink the way you solve problems. You need to change your habits. Do you run or do you stand and fight when a problem arises? If you run from problems by sticking your head in the sand or you avoid unpleasant situations, you need to change your habits and you need to change from resignation to hope. Your low self-esteem is impacting every area of your life, influencing your decisions and stripping you of hope. Hope is the mainstay of a healthy mind. Standing up to breast cancer puts you in the driver's seat. You make the decisions regarding your diet. You make the decisions to conduct self-breast exams each month. You make the decisions to begin a mammogram before age 40. Dr. Lovell Jones, director of the Center for Research on Minority health at Houston's M.D. Anderson Cancer Center, says one size does not fit all. Black women should begin mammograms before the age of 40. Too many Black women are dying of breast cancer for the number 40 to be applicable to all.

If you change the way you view yourself and breast cancer maybe your daughter or granddaughter will not have to answer a doctor's questions by saying "My mother died of breast cancer. My grandmother died of breast cancer. My aunt died of breast cancer." Thinking clearly is everything in life. Your ability and desire to think clearly can completely change your circumstances from darkness to light. When you stand up and say "No" you are thinking clearly. When you run and hide and put your head in the sand you are not thinking clearly. You are letting the emotion of fear rule your life. Stop frightening yourself by saying "Oh Lord what if I find something. What if I find a lump? What am I going to do?" Now here is an emotion you need to give some thought to. That emotion is love. Do you love your children enough to change your behavior?

Yes, environmental factors affect our health and yes inherited factors affect our health. But most of all, your entire attitude toward yourself affects your health. If you think wellness, you push back from the table and resist eating another slice of bread. You decline a second piece of pie. If you are depressed weighed down with problems, there is no way you will not desire comfort food. Several groups offered explanation as to why the death rate for blacks was higher than white. Researchers say there are eight barriers to early diagnosis and treatment. They believe these factors contribute to the racial disparity of breast cancer between African American women and White women. Researchers believe:

*Cultural and socioeconomic circumstances may predispose African Americans to higher mortality rates due to limited access to screening, early detection and treatment of breast cancer.*

*Cultural beliefs and fear of radiation were also associated with preventing some African American women from seeking cancer screening.*

*African American women under-utilize breast cancer screening services. Research reveals that African American women are not as likely as White women to seek mammograms and more likely to delay reporting signs and symptoms of breast cancer to their doctors.*

*African American women are more likely to miss health care appointments after diagnosis.*

*The racial differences in diagnosis and treatment have also been linked to:*

*Lower socioeconomic status*

*Lack of access to appropriate medical services*

*Lack of private health insurance*

If these eight factors are causing the inordinate numbers of deaths in black women due to breast cancer we need to change and attack these cultural and social problems.

The passage Hosea 4:6 is one of the most often quoted scriptures in the Bible. People and pastors alike both quote this scripture, but they do not finish the verse. They stop before the punch line. What I mean by the punch line is not the line that brings laughter. People stop before the line of enlightenment. Here is what people say, "My people are destroyed for lack of knowledge. The punch line comes next. The entire quote: "Because you have rejected knowledge, I also reject you as my priests; because you have ignored the law of your God, I also will ignore your children. My people are destroyed for lack of knowledge because they reject knowledge. The operative word here is the word reject. That's the punch line. Why are we rejecting knowledge? Man would have knowledge if he did not reject it. So, the question becomes why are you rejecting knowledge? Why are you putting your head in the sand and pretending breast cancer is far off in the future? God goes on to discuss where people seek knowledge. You do not go to books where knowledge can be found. You go to people just like yourself; not qualified to help you. The book of knowledge is before you, but you sidestep this knowledge to see soothsayers and gossipers; critics, people without knowledge; people with big mouths. You rely upon their judgment to conduct your life. You listen to musicians for guidance. You dance to music that tells you Black women are whores to be tattooed and branded. You seek knowledge from football players, men who rape your daughters. Some of these people have the appearance of success but lack the moral fiber to lead you across the street. So how can they lead you into battle against a disease in your body or lead you to safety of the mind? (Peaceful countenance)

God says seek knowledge, do not reject it.

The only way to deal with breast cancer is to seek knowledge. Granted, the words "breast cancer" are frightening. The words breast cancer illicit fear. Fear immediately envelops your spirit. You immediately feel there is nothing I can do. You feel hopeless resigned to your fate. It is not your desire to die but the situation is no long under your control so you retreat. You should not retreat when the devil shows up. The reason why you do not retreat when the devil shows up is because you made the necessary preparations beforehand, so you have all the available knowledge about breast cancer at your fingertips. You are prepared with knowledge. You have decided not to make a passive exit from life. You will not go quietly. Do not ignore breast cancer like you did the bullies in high school that you could not or did not want to deal with. If I ignore it, it will go away (failing to show up for your appointment). Did the bullies go away or did their behavior get worse? Do you think this way; If I be quiet may be my husband will stop arguing. If I do everything right maybe my husband will not hit me. Avoidance is a learned behavior. You can unlearn this behavior and meet some problems head on. What emotions are you allowing to lead you down the road to misconception and avoidance? Be truthful, what are the assumptions you are making about breast cancer? Do you think breast cancer is off in the future, "I will tend to it later? Not so. Do not let your lack of self-esteem or your inabilities to read competently stop you from saving your life. The truth is the best medicine.

There comes a time in everyone's life when they must call upon courage to carry them through. It is your time. You must have the courage to change. You must learn to read competently. You must turn the television and radio off and develop your mind. It is time you seek knowledge so you can conduct your life in an orderly fashion and not leave your children motherless. Courage is not just an act for the battlefield. Courage is exhibited by people every day of the week in all capacities in the home and at work. It takes courage to apply for a job when you think you are too fat for the job or too skinny for the job or not pretty enough for the job, or your head is bald, and you look too old for the job or your teeth are crooked and everyone knows you grew up poor. It takes courage to face unpleasant events in your life. You do not have to run from life because you are not educated. Educate yourself about breast cancer. Pick up a book and read. If you do not know a word, purchase a dictionary. Read Read Read. Read this entire handout until you have a better understanding of breast cancer. It is important that you understand breast cancer. Do research on your own. Some of the people you idolize that you think are so great because of their music can't read well. Stop exhibiting coping behavior to hide the fact that you do not read well. Improve your chances of survival: read. If you read, you will learn a breast reduction for women can reduce back pain. If you read you will learn a simple vinegar test slashed cervical cancer death rates by one-third in a remarkable study of 150,000 women in the slums of India, where the disease is the top cancer killer of women. Experts called the

outcome "amazing" and said this quick, cheap test could save tens of thousands of lives each year in developing countries by spotting early signs of cancer, allowing treatment before it's too late. *Associated Press –June 2, 2013* **Vinegar cancer test saves lives**, Indian study finds. If you read, you will learn a study suggests Women who use birth control pills are less likely to develop ovarian cancer later in life. Dr. Laura Havrilesky, who led the study at the Duke University School of Medicine in Durham, North Carolina said, "It reinforces that there is a positive relationship between the use of oral contraceptives and ovarian cancer prevention in the general public." The researchers said there hasn't been enough time to study how the specific hormone formulations in contemporary birth control pills affect ovarian cancer risk decades down the line. By Genevra Pittman | Reuter, **The Pill tied to lower ovarian cancer risk**. If you read, you will learn the pharmaceutical company Aveo Oncology is developing the drug tivozanib to treat triple-negative breast cancer. Approximately 15 percent of the 200,000 breast cancer patients in the U.S. are diagnosed with triple-negative disease. If you read, you **Will Learn**.

Do not say you love your children if you do not step up to the plate and fight breast cancer. You either stand up and fight breast cancer or die cringing in fear on your knees. You fight with knowledge. You fight with preparation. If cancer is coming, I am prepared. I exam my breast every month because I know by the time, I feel the lump it has been growing about a year. I have my doctor examine my breast because I do not feel good about examining my own breast. I get a mammogram annually because I know cancer can be detected by a mammogram a year before I can feel the tumor with my hands. I am prepared. I am constantly reading about breast cancer so I can learn. Your children are watching you, especially your boys. If you do not live long enough to see your child graduate from college your child will be damaged emotionally. Your presence in his or her life adds depth to their lives. You reaffirm their importance. There are people 50 and 60 years old, who lost their mothers early in life, the mention of their name will bring them to tears. You must fight to stay in your child's life. It is no fun living without one's mother. Women clock thousands of hours each year driving their children to soccer practice, baseball practice, ballet practice, clarinet practice etc. The women do the driving to aid in the development of their children. Do you want your child raised in foster care, raped in his or her bed? Do you want your child dumped on the street from foster care without family support at the age of 18 with no clear idea what to do to develop a future?

I want you to take two identical healthy plants. Put one sun loving plant in the sun and give it plenty of water at appropriate intervals. Take the other plant and put it in the dark and do not give it water. In one week tell me which plant resembles the motherless child?

## **Courage is the act of standing up for one self no matter what.**

Wake each morning with the confidence that you have the necessary information to make decisions you need to live a successful life. You can get this information by reading. We hope the information that we gathered has been a blessing to you.

As you can see breast cancer has wide reaching consequences that we must all face up to and overcome. So please join us in getting the information out that early detection saves lives. A book purchases will help us in our effort. You can see us at <https://touchedbythelight.us> Our email address is [yithril11@netzero.net](mailto:yithril11@netzero.net) If you need prayer email us. If you are fearful email us. If you just want to talk, email us. You are not alone. We, the women of this country, are going to fight this disease until we win. If you don't have a god, think about getting one. A god is good to have around when you are dealing with cancer. So do not fear. You are not alone. Excerpts of our books can be read online on our websites.

## Cancer and Clinical Services Patient Stories

Breast Cancer

### Tori Geib



The week of her 30th birthday, Tori Geib woke up to a feeling of unusual pressure in her left breast.

“I thought I’d rolled over onto my cell phone, but I quickly realized there was no phone there. The pressure I felt was coming from a hard lump in my breast,” she recalls.

Concerned, Tori consulted a nurse practitioner that day. A mammogram was scheduled for the following week. Additional imaging tests, a biopsy and second opinion confirmed metastatic (stage IV) [breast cancer](#) (MBC). Unfortunately, this meant the cancer had spread to other parts of her body, including her spine.

“I had been experiencing back pain, but I was working two jobs; one as a chef and the other as a food and beverage manager at a local ski resort. I was regularly lifting heavy bags and cases. I had seen doctors about my back pain and had been told that my pain was probably just from ‘overdoing it’ or could be some fibromyalgia or depression pain,” says Tori. “Overnight, my life was completely changed. There is no known ‘cure’ for MBC. It is terminal, and I will be in treatment for the rest of my life.”

According to the Metastatic Breast Cancer Network, more than 155,000 people are living with metastatic breast cancer. Although stage IV metastatic breast cancer is treatable, it is considered a terminal disease.

“For people living with metastatic breast cancer, our diagnoses don’t always fit the traditional breast cancer narrative. We are not counting down to the end of our treatments, waiting for the day when we will be cancer-free and can go on with our lives. We won’t be ringing a bell when we complete treatment. We’re not the subjects of triumphant ‘beat cancer’ profiles,” says Tori.

This, she says, is why the “battle language” so commonly used in the context of cancer — beat, win, conquer — is like “nails on a chalkboard” to her.

“It makes it sound like someone didn’t do enough to help themselves,” Tori says. “There are no losers when it comes to cancer, even though many of us will eventually die of this disease. We want conversation that focuses on living as well as we can.”

For Tori and many others living with a chronic cancer diagnosis, [palliative care](#) — a medical discipline focused on treating the painful symptoms and side effects of cancer — plays an important role in improving quality of life.

The treatment can take many forms. For Tori, it involved a comprehensive approach to address the physical and mental strains of cancer.

“My life became a roller coaster of doctors’ appointments, testing, treatments and their side effects,” she says. “I was fortunate to be treated by an oncology practice that makes palliative care a priority for all patients. It isn’t that way at all hospitals. Palliative care was part of my treatment plan from day one.”

Tori receive her care at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James), where palliative care experts are embedded within subspecialized oncology teams to provide patients with a wide variety of pain relief options, including massage, reflexology, acupuncture, medications to manage nausea and other interventions.

There’s a common misconception that palliative care is synonymous with end-of-life comfort care, which is most commonly provided through hospice. While hospice and palliative care share certain goals, like making patients comfortable, hospice is focused on doing that at the end of life, while palliative care focuses on helping metastatic patients live the fullest life possible now, in spite of cancer and its side effects.

“Palliative care has not only allowed me to manage my pain, but it has continuously given me ways to manage different physical, social and emotional difficulties,” Tori says. “I have been empowered to make informed decisions about my options and to manage my pain and other life-altering effects of cancer.”

# 'Passionate' Ohio Woman, 35, Who Advocated for Better Cancer Care Dies of Disease

By [Kashmira Gander](#) On 11/10/21 at 11:40 AM EST  
5 Most Common Cancers Affecting Women

Tributes have been paid to patient advocate Tori Geib—who campaigned for better treatment options for cancer patients in Ohio—after she died of the disease at the age of 35.

Geib, from Ohio, was diagnosed with breast cancer in 2016 just after she turned 30. She was working as an assistant sous chef and food and beverage manager at the time. Geib had a metastatic form of cancer, meaning it had spread from the breast to other parts of the body.

After living with the disease for almost five years, she died on November 1.

Geib campaigned against the "fail first" policy that sees health insurance companies specify that late-stage cancer patients be given cheaper [treatments](#) before they are upgraded to more expensive options if they do not work.

The former sous chef was put on a fail-first treatment for three months. She previously told *The Columbus Dispatch*: "My cancer could have been stabilized.

"Knowing that the science was there and everything was lined up except for the insurance... it almost seems criminal to do that to people."

In December [2020](#), Governor [Mike DeWine](#) signed [Senate](#) Bill 252 into law, to end the use of [fail first](#) drug coverage policies for stage four metastatic cancer patients.

She told *The Columbus Dispatch* at the time: "I'm seeing too many young men and young women dying of this disease when we have the technology to keep them alive.

"We have to make sure we're giving them the most up-to-date treatment to keep people living longer. That's really the goal."

According to an obituary, in addition to being committed campaigner, Geib was a passionate cook and baker, and competed at county and state fair competitions. She also loved traveling, and music—singing in a choir at her church and playing several instruments.

Dr. Bhuvana Ramaswamy, leader of the breast medical oncology team at Ohio State University's James Cancer Hospital where Geib was treated, told *The Columbus Dispatch*: "She was a young woman diagnosed with metastatic breast cancer who could have just focused on her cancer and her life.

"But instead, she changed her challenge into her mission, becoming a voice for patients with metastatic breast cancer locally and nationally."

Breast cancer organization Susan G. Komen tweeted: "Our hearts are breaking at the news that our dear friend and longtime Komen advocate, Tori Geib @ChefGeib, has died from #metastaticbreastcancer. Tori was a passionate and compassionate voice for all those living w/ MBC [metastatic breast cancer], who was always willing to share her story to help others."

Sharing a link to a news report on her death, the San Antonio Breast Cancer Symposium tweeted that Geib "truly made a difference."

"A proud Buckeye and chef who believed in dreaming big, her example will continue to inspire us," Susan G. Komen tweeted.

Non-profit Living Beyond Breast Cancer tweeted: "Tori Geib, LBBC Hear My Voice Metastatic Breast Cancer Advocate, has passed away. She was diagnosed with MBC in 2016 at age 30. She was a fierce and passionate advocate for those living with MBC, raising her voice for change through countless advocacy efforts. She will be missed."

## **Tori Geib, advocate to end 'fail-first' cancer drug treatment policies, dies at 35**



[Max Filby](#)

The Columbus Dispatch



A Columbus-area advocate for changes to cancer treatment has died.

Tori Geib, 35, of Bellefontaine, died Nov. 1 after nearly five years fighting advanced breast cancer.

Geib was first diagnosed the week of her 30th birthday with stage 4 metastatic breast cancer, meaning the disease had spread to other organs, including her spine and brain.

**Cancer:** [Ohio's late-stage cancer patients no longer have to 'fail first' on less effective treatment](#)

Around 75% of people with metastatic breast cancer like Geib die in less than five years, Geib told The Dispatch in 2020. Geib didn't let that statistic or the diagnosis slow her down though.

Geib pushed for changes to state law that forced some cancer patients, including herself, to "fail first" on cheaper, less effective treatments. The requirement to "fail first" is something historically pushed by insurance companies to save money.

**Cancer-drug shortage:** [Shortage of abraxane frustrates patients, providers alike](#)

"My cancer could have been stabilized," Geib said in December. "Knowing that the science was there and everything was lined up except for the insurance ... it almost seems criminal to do that to people."

Despite the setback, Geib pushed the state legislature to ensure no one else would have to "fail first."

On Dec. 21, Geib's efforts paid off when Gov. Mike DeWine signed into law Senate Bill 252, prohibiting fail-first drug coverage policies for stage 4 metastatic cancer patients. The bill, sponsored by state Sen. Bob Hackett, R-London, and state Sen. Hearcel Craig, D-Columbus, spent the previous year in the Statehouse.

## **Tori Geib became 'a voice for patients with metastatic breast cancer'**

Geib was a patient at Ohio State University's James Cancer Hospital and credited doctors there with helping her to navigate her cancer diagnosis and treatment. Dr. Bhuvana Ramaswamy, who leads the breast medical oncology team at Ohio State called Geib "an inspiration" for those who were diagnosed with cancer.

**Cancer:** ['Coping is hard.' Ohio State cancer doctor's own diagnosis helps him relate to his patients](#)

# Senator Amy Klobuchar Shares Breast Cancer Experience, Childhood Cancer Survivor Raises Money to Help Others, and More

September 10, 2021

[Jamie Cesanek](#)

*From Senator Amy Klobuchar's breast cancer experience to a 14-year-old survivor's charity work for other children with cancer, here's what's happening in the cancer landscape this week.*

## **Senator Amy Klobuchar shared her recent breast cancer journey.**

Minnesota Senator Amy Klobuchar, 61, [discussed her breast cancer journey on GMA](#) this week, revealing she had been diagnosed with breast cancer seven months ago after her doctors at the Mayo Clinic discovered calcifications during a routine mammogram. A biopsy then revealed she had stage 1a breast cancer.

Klobuchar has now been declared cancer-free following a lumpectomy and radiation.

"Of course, this has been scary at times, since cancer is the word all of us fear, but at this point my doctors believe that my chances of developing cancer again are no greater than the average person," [she wrote in a statement](#).

The senator also urged people to continue getting screened and to not put off routine examinations.

"So, that's my first practical advice. Get those screenings. Go in, get a mammogram. Get whatever health checkup that you should normally be getting ... and the second is, just be grateful for the people around you."

## **The Wanted reunited after seven years for a live charity concert for cancer.**

After a seven-year break, The Wanted returned to music this week announcing a greatest hits album, a new single and a live charity performance for Stand Up To Cancer.

The five-member boy band initially spoke about reuniting in 2020 but were halted after bandmember Tom Parker was diagnosed with an inoperable brain tumor. Parker has said he is responding well to treatment and that the tumor has shrunk significantly.

"It's been a very sad eight months, so it's been nice to smile again, for me," [he said in a press conference](#).

The performance will take place on Sept. 20, and the greatest hits collection will be available to the public on Nov. 12.

"We have been talking off and on for a few years now about getting back together... but have all been working on other projects at different times so it didn't happen," said bandmember Jay McGuinness in a statement.

## **A 14-year-old cancer survivor and his mother began making hospital bags for others with cancer and their families.**

Ryan Alarcon, 14, is a three-time cancer survivor who understands the pressure of rushing to the emergency room in a dire situation and needing to grab a bag full of necessities as fast as possible. This idea is what inspired him to start creating hospital "go-bags" with his mother, Christy, for other families.

The two launched "Got Your Back-Pack" together to raise money for creating the hospital bags.

“We started to figure out that if you have a go-bag that is just like a pair of clothes, some towels, a charger, all the basic stuff, just have that ready if you get admitted, it makes it easier,” [Alarcon told 11Alive](#). “I would always have my own pillowcase. I would have blankets that were mine. I would always have sheets that were mine; everything was mine. It made me feel more comfortable than I would have.”

To have all of these toiletries and basic necessities with them was vital when leaving in a rush, his mother explained. Alarcon, who was first diagnosed with acute myeloid leukemia at age three, has relapsed twice. Due to his illness, he and his mother have had to take many emergency trips to the hospital.

“You really only had time to grab your bag and keys; you couldn't even think about anything else,” she said.

The pair has raised over \$9,000 on GoFundMe thus far.

“It makes me feel really happy like I'm actually helping people, instead of everyone always helping me,” Alarcon said. “It makes me feel like I'm actually doing something.”

### **Stanley Tucci shared that he had cancer three years ago and was treated with radiation and chemotherapy.**

Actor, author and director Stanley Tucci recently shared that a tumor was found at the base of his tongue roughly three years ago. As a result, he underwent several months of radiation and chemotherapy to treat his cancer, as the tumor was too big to operate on. He subsequently had a feeding tube for six months.

“I'd vowed I'd never do anything like that, because my first wife died of cancer, and to watch her go through those treatments for years was horrible,” [Tucci told Vera magazine](#).

He shared his concern over how it would affect his children, explaining that it was hard for them but that they were supportive.

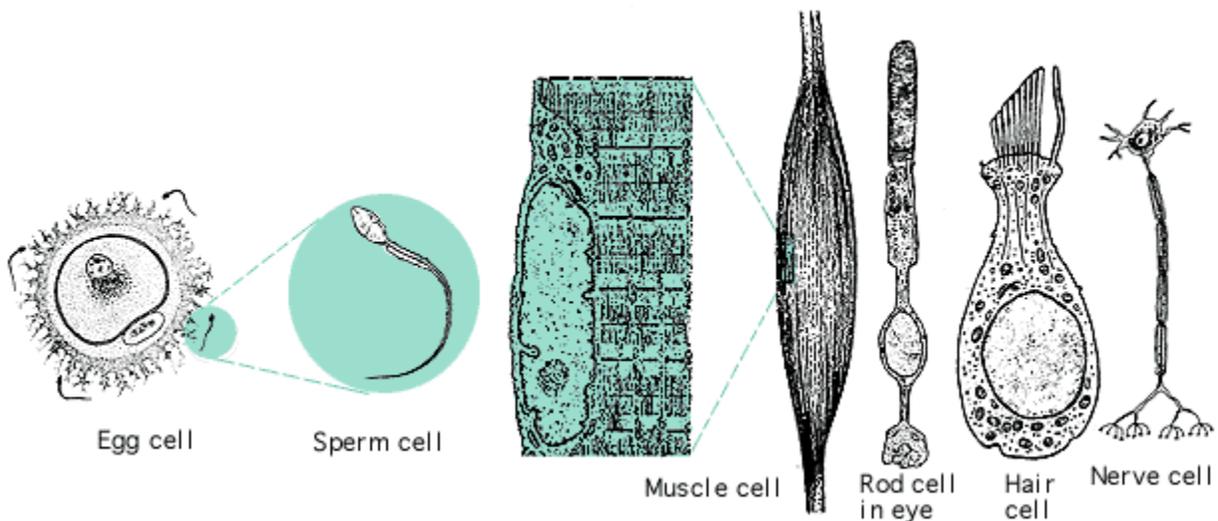
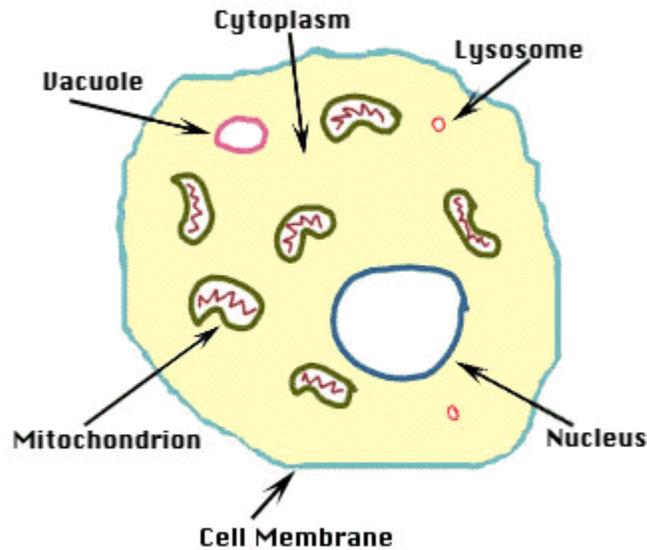
“(Cancer) makes you more afraid and less afraid at the same time. I feel much older than I did before I was sick. But you still want to get ahead and get things done,” he said.

*For more news on cancer updates, research and education, don't forget to [subscribe to CURE®'s newsletters here](#).*

**A Little Biology:** Source: <http://people.eku.edu/ritchisong/RITCHISO/301notes1.htm>

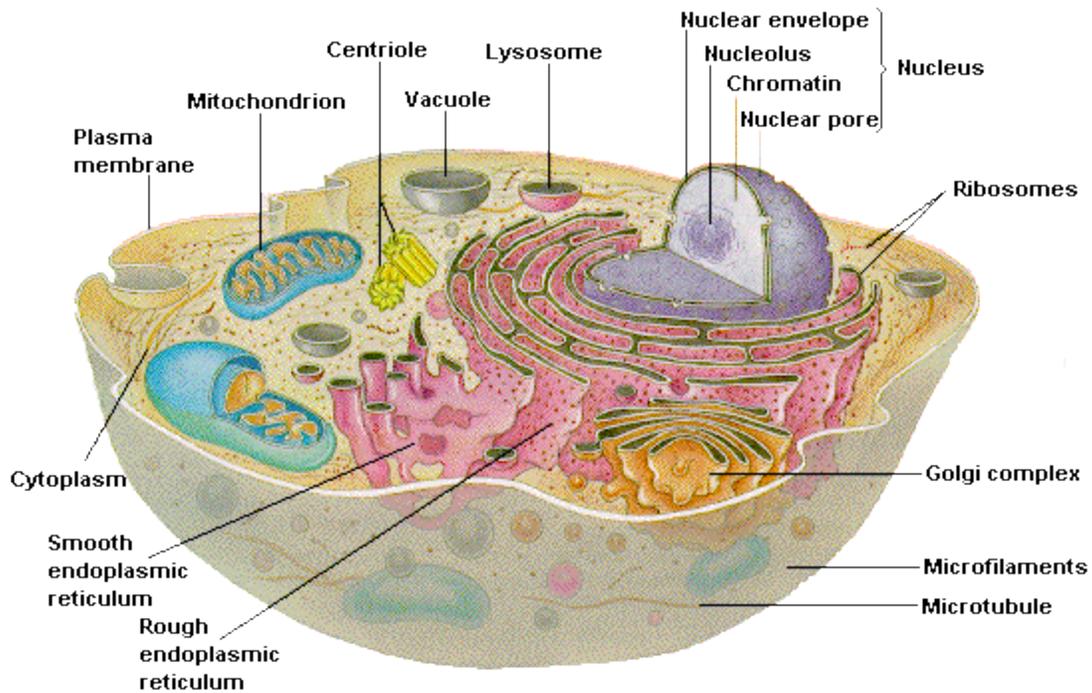
cells are the basic structural and functional units of the human body & there are many different types of cells (e.g., muscle, nerve, blood, and so on)

There are two types of cells that make up all living things on earth: prokaryotic and eukaryotic. Prokaryotic cells, like bacteria, have no 'nucleus', while eukaryotic cells, like those of the human body, do. So, a human cell is enclosed by a cell, or plasma, membrane. Enclosed by that membrane is the cytoplasm (with associated organelles) plus a nucleus.



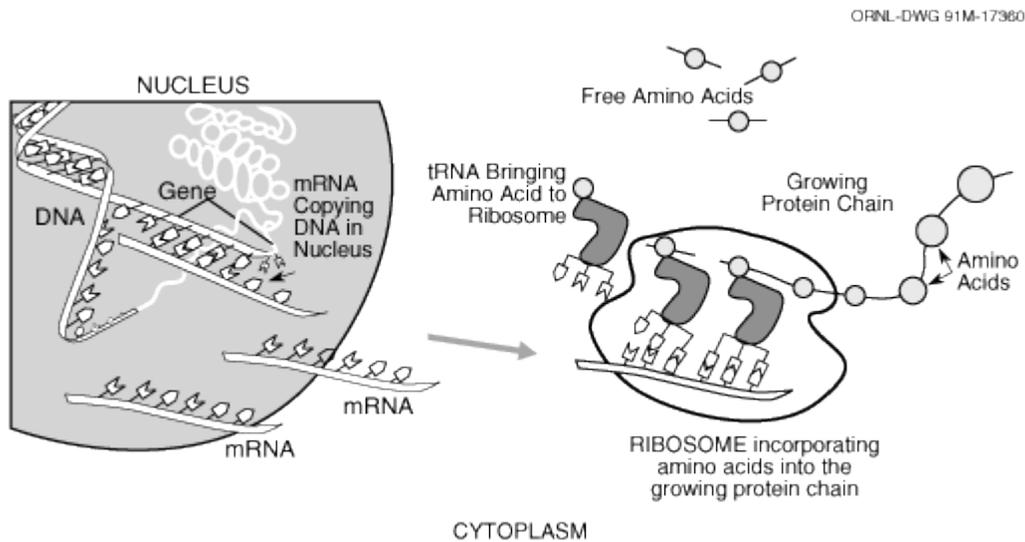
Source: [http://www.nigms.nih.gov/news/science\\_ed/whatart1.html](http://www.nigms.nih.gov/news/science_ed/whatart1.html)

- Cells also contain a nucleus within which is found DNA (deoxyribonucleic acid) in the form of chromosomes plus nucleoli (within which ribosomes are formed)



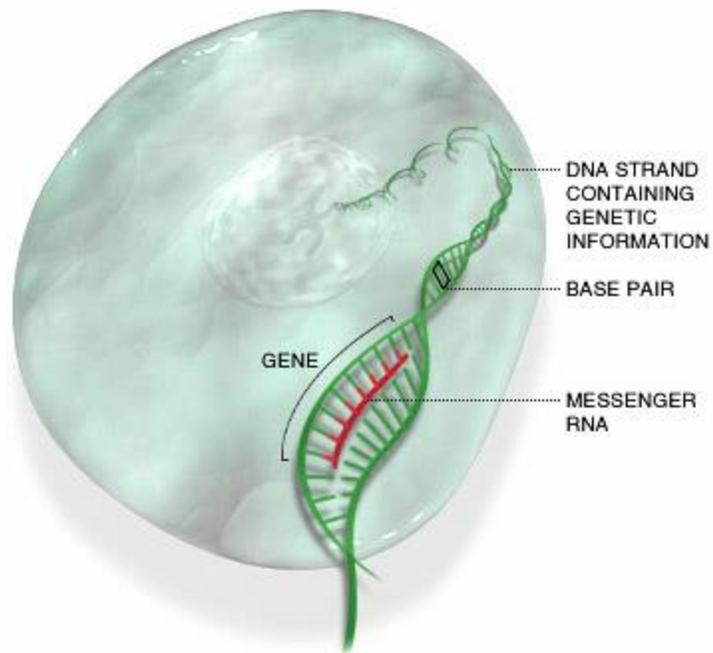
**TISSUE LEVEL** - a tissue is a group of cells that perform a specific function and the basic types of tissues in the human body include epithelial, muscle, nervous, and connective tissues

**DNA (Deoxyribonucleic acid)** - controls cell function via transcription and translation (in other words, by controlling protein synthesis in a cell)

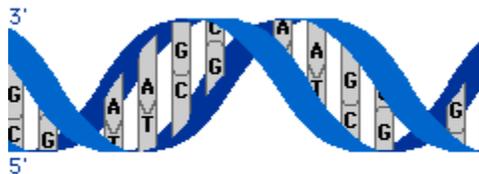


Source: [www.ornl.gov/hgmis/publicat/primer/fig5.html](http://www.ornl.gov/hgmis/publicat/primer/fig5.html)

**Transcription** - DNA is used to produce mRNA

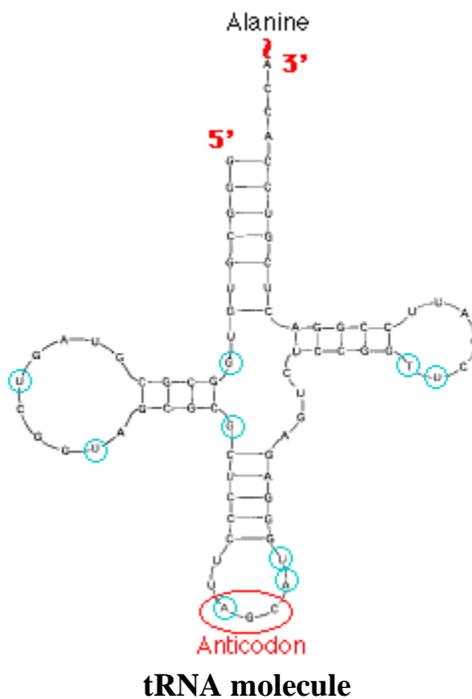


Source: <http://www.nytimes.com/2003/01/21/science/21RNA.html>

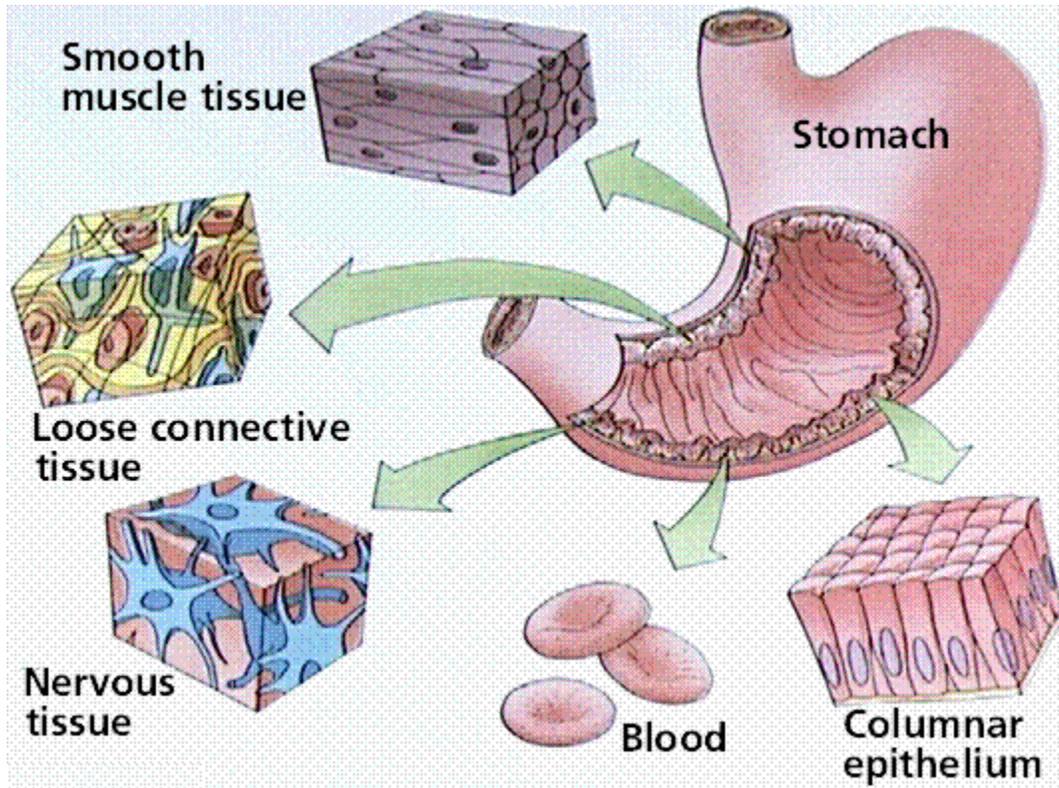
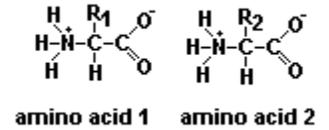


**Translation** - mRNA then moves from the nucleus into the cytoplasm & is used to produce a protein

- o requires mRNA, tRNA (transfer RNA), amino acids, & a ribosome



- sequence of amino acids in a protein is determined by sequence of codons (mRNA). Codons are 'read' by anticodons of tRNAs & tRNAs then 'deliver' their amino acid.
- Amino acids are linked together by peptide bonds (see diagram to the right)
- As mRNA slides through ribosome, codons are exposed in sequence & appropriate amino acids are delivered by tRNAs. The protein (or polypeptide) thus grows in length as more amino acids are delivered



**ORGAN LEVEL** - an organ consists of 2 or more tissues that perform a particular function (e.g., heart, liver, stomach, and so on)

**SYSTEM LEVEL** - an association of organs that have a common function; the major systems in the human body include [digestive](#), [nervous](#), [endocrine](#), [circulatory](#), [respiratory](#), [urinary](#), and [reproductive](#).

Source: <http://people.eku.edu/ritchisong/RITCHISO/301notes1.htm>

# The Opinion Pages

## My Medical Choice

By ANGELINA JOLIE

Published: May 14, 2013 [1712 Comments](#)

- [Jolie's Disclosure of Preventive Mastectomy Highlights Dilemma](#) (May 15, 2013)

## Related in Opinion

- [Letters: Angelina Jolie's Preventive Surgery](#) (May 15, 2013)

For Op-Ed, follow [@nytopinion](#) and to hear from the editorial page editor, Andrew Rosenthal, follow [@andyrNYT](#).

MY MOTHER fought cancer for almost a decade and died at 56. She held out long enough to meet the first of her grandchildren and to hold them in her arms. But my other children will never have the chance to know her and experience how loving and gracious she was.

We often speak of “Mommy’s mommy,” and I find myself trying to explain the illness that took her away from us. They have asked if the same could happen to me. I have always told them not to worry, but the truth is I carry a “faulty” gene, BRCA1, which sharply increases my risk of developing breast cancer and ovarian cancer.

My doctors estimated that I had an 87 percent risk of breast cancer and a 50 percent risk of ovarian cancer, although the risk is different in the case of each woman.

Only a fraction of breast cancers result from an inherited gene mutation. Those with a defect in BRCA1 have a [65 percent](#) risk of getting it, on average.

Once I knew that this was my reality, I decided to be proactive and to minimize the risk as much I could. I made a decision to have a [preventive double mastectomy](#). I started with the breasts, as my risk of breast cancer is higher than my risk of ovarian cancer, and the surgery is more complex.

On April 27, I finished the three months of medical procedures that the mastectomies involved. During that time I have been able to keep this private and to carry on with my work.

But I am writing about it now because I hope that other women can benefit from my experience. Cancer is still a word that strikes fear into people’s hearts, producing a deep sense of powerlessness. But today it is possible to find out through a blood test whether you are highly susceptible to breast and ovarian cancer, and then take action.

My own process began on Feb. 2 with a procedure known as a “nipple delay,” which rules out disease in the breast ducts behind the nipple and draws extra blood flow to the area. This causes some pain and a lot of bruising, but it increases the chance of saving the nipple.

Two weeks later I had the major surgery, where the breast tissue is removed and temporary fillers are put in place. The operation can take eight hours. You wake up with drain tubes and expanders in your breasts. It does feel like a scene out of a science-fiction film. But days after surgery you can be back to a normal life.

Nine weeks later, the final surgery is completed with the reconstruction of the breasts with an implant. There have been many advances in this procedure in the last few years, and the results can be beautiful.

I wanted to write this to tell other women that the decision to have a mastectomy was not easy. But it is one I am very happy that I made. My chances of developing breast cancer have dropped from 87 percent to under 5 percent. I can tell my children that they don't need to fear they will lose me to breast cancer.

It is reassuring that they see nothing that makes them uncomfortable. They can see my small scars and that's it. Everything else is just Mommy, the same as she always was. And they know that I love them and will do anything to be with them as long as I can. On a personal note, I do not feel any less of a woman. I feel empowered that I made a strong choice that in no way diminishes my femininity.

I am fortunate to have a partner, Brad Pitt, who is so loving and supportive. So to anyone who has a wife or girlfriend going through this, know that you are a very important part of the transition. Brad was at the [Pink Lotus Breast Center](#), where I was treated, for every minute of the surgeries. We managed to find moments to laugh together. We knew this was the right thing to do for our family and that it would bring us closer. And it has.

For any woman reading this, I hope it helps you to know you have options. I want to encourage every woman, especially if you have a family history of breast or ovarian cancer, to seek out the information and medical experts who can help you through this aspect of your life, and to make your own informed choices.

I acknowledge that there are many wonderful holistic doctors working on alternatives to surgery. My own regimen will be posted in due course on the Web site of the Pink Lotus Breast Center. I hope that this will be helpful to other women.

Breast cancer alone kills some 458,000 people each year, according to the World Health Organization, mainly in low- and middle-income countries. It has got to be a priority to ensure that more women can access gene testing and lifesaving preventive treatment, whatever their means and background, wherever they live. The cost of testing for BRCA1 and BRCA2, at more than \$3,000 in the United States, remains an obstacle for many women.

I choose not to keep my story private because there are many women who do not know that they might be living under the shadow of cancer. It is my hope that they, too, will be able to get gene tested, and that if they have a high risk they, too, will know that they have strong options.

Life comes with many challenges. The ones that should not scare us are the ones we can take on and take control of.

Angelina Jolie is an actress and director.

*A version of this op-ed appeared in print on May 14, 2013, on page A25 of the New York edition with the headline: My Medical Choice.*

**Please go to [http://www.nytimes.com/2013/05/14/opinion/my-medical-choice.html?\\_r=0](http://www.nytimes.com/2013/05/14/opinion/my-medical-choice.html?_r=0) and read the comments regarding this article. We believe this article and the comments that followed will help women take their lives in their hand and get tested for the mutant gene and decide that surgery can save their lives. You do want to know if you have a 87% chance of dying from breast cancer. Why! So you can do everything you can to prevent this type of death. The New York Times is a great newspaper. It has been for years. The NISV has used this paper for extensive research for the past 12 years. We are thankful for this article.**

**Please read the following articles on line at regarding Angelina Jolie's other decisions.**

Angelina Jolie's Mastectomy: What You Should Know – May 14, 2013

<http://abcnews.go.com/blogs/health/2013/05/14/what-dr-ashton-wants-you-to-take-away-from-angelina-jolies-double-mastectomy/>

**Jolie surgery sets good example by careful weighing of risks: doctors – May 14, 2013**

<http://movies.yahoo.com/news/jolie-surgery-sets-good-example-careful-weighing-risks-225430703.html>

**Jolie Will Remove Her Ovaries Following Double Mastectomy May 15, 2013**

<http://omg.yahoo.com/blogs/celeb-news/angelina-jolie-remove-her-ovaries-following-double-mastectomy-145914274.html>

**Angelina Jolie Will Reportedly Remove Her Ovaries Just Like Barbara Walters**

<http://omg.yahoo.com/news/angelina-jolie-reportedly-remove-her-ovaries-just-barbara-210700036.html>

**Brad Pitt & More Stars Show Support For Angelina Jolie After Revealing Double Mastectomy - May 14, 2013**

<http://ph.omg.yahoo.com/news/brad-pitt-more-stars-show-support-angelina-jolie-182959877.html?.tsrc=mtk>

**Angelina Jolie's Choice: Should You Get BRCA Gene Testing? May 14, 2013**

<http://abcnews.go.com/blogs/health/2013/05/14/angelina-jolies-choice-should-you-get-brca-gene-testing/>

Giuliana Rancic, Sheryl Crow and More React to Angelina Jolie's Double Mastectomy Announcement

<http://omg.yahoo.com/blogs/celeb-news/giuliana-rancic-sheryl-crow-more-react-angelina-jolie-125319066.html>

**Angelina Jolie's aunt dies of breast cancer - May 27, 2013**

<http://sg.entertainment.yahoo.com/news/angelina-jolies-aunt-dies-breast-cancer-041525062.html?.tsrc=samsungwn>

**CNN's Sambolin Plans Double Mastectomy JOLIE'S ANNOUNCEMENT 'GIVES ME STRENGTH,' SAYS ANCHOR - May 14, 2013**

<http://www.newser.com/story/167888/cnns-sambolin-plans-double-mastectomy.html>

**Isolated human genes can be patented, US court rules 2nd August 2011 08:45 GMT**

[http://www.theregister.co.uk/2011/08/02/isolated\\_human\\_genes\\_can\\_be\\_patented/](http://www.theregister.co.uk/2011/08/02/isolated_human_genes_can_be_patented/)

International Patenting of Human DNA Sequences

<http://www.nsf.gov/statistics/infbrief/nsf02333/>

The American Cancer Society. ACS News Today, 2000.

The American Cancer Society – Cancer Facts and Figures, 1999 ([www.cancer.org](http://www.cancer.org)).

National Institutes of Health – National Cancer Institute

Health Resources and Services Administrative, Bureau of Primary Health Care – Breast Cancer Awareness

The National Breast and Cervical Cancer Early Detection Program ([www.cdc.gov/cancer/nbccedp](http://www.cdc.gov/cancer/nbccedp))

**Aveo's Future Depends on Triple-Negative Breast Cancer**, BY [Pieter Droppert](#) | 06/06/13 <http://www.thestreet.com/story/11943098/1/aveos-future-depends-on-triple-negative-breast-cancer1aeear.html>

**Vinegar cancer test saves lives, India study finds** By MUNEEZA NAQVI and MARILYNN MARCHIONE | Associated Press – June 2, 2013 <http://news.yahoo.com/vinegar-cancer-test-saves-lives-india-study-finds-113800022.html>

**The Pill tied to lower ovarian cancer risk**, by Genevra Pittman, NEW YORK | Thu Jun 6, 2013 10:04pm BST

<http://uk.reuters.com/article/2013/06/06/us-health-the-pill-ovarian-cancer-idUKBRE9551AH20130606?feedType=>

We realize breast cancer is not a subject any woman wants to discuss but discussion is what we need. Women need to talk, talk and talk about this subject. You need to know what insurance companies are saying when they will or will not pay for mammograms. You need to know what researchers are learning about breast cancer. You need to know what new drugs are being introduced to fight breast cancer. You need to know! Too many people depend on the lives of women for us not to do everything we can to live as long as we can. Our children and spouses are lost without us. It is the woman who directs the family. It is the women who determine what is eaten in the home and what is not eaten in the home. It is the woman who deals with the school system. It is the woman who buys school clothes, keeps up with the latest fashion, and negotiates with her spouse so the children can go see a certain movie or attend an area mall. Women make a thousand decisions each day that affect their children and their husbands. Women go to work every day and try to prepare the healthiest meals for their family because they wanted to be viewed as good mothers. Well, how can you be a good mother if you are neglecting your health? Not paying attention to breast cancer is not attending to your good health. You do not want your children standing beside your bed side thinking to themselves why didn't my mother get her breast examined earlier? Why didn't she see exam her breast every month. Didn't she know we needed her? Didn't mother know breast cancer was dangerous? Why didn't she fight back? Didn't mother know we wanted her to live a long, long time? You child may not voice these thoughts to you but surely, they want you to be in good health so exam your breast for your family sake. Every month look in the mirror and say to yourself out loud I have the courage to exam my breast for my child's sake. We know you do not want to go through the experience of examining your breast and finding a lump but examining your breast is what you must do to save your life; If you do find a lump the lump maybe benign or it may be a cyst. Take a deep breath and exam your breast. Take it one step at a time. Control your emotions and deal with what is at hand. Tell yourself whatever I find will be verified by a radiologist then I will know what is going on in my body. Early detection can save lives. Having a doctor diagnosing Stage Four breast cancer does not give your physician much to work with in trying to save your life. Most oncologists are fighters give them something to fight with. Exam your breast! Go to: for a discussion on the various stages of breast cancer. <http://www.breastcancer.org/symptoms/diagnosis/staging#stage1>

You put your children before you when you do almost everything else in this world. You consider your children when you purchase your car. You consider your children when you purchase furniture. You consider your children when you select a home. You consider your children when you look at school systems. So surely you can consider your children and exam your breast every month and get a mammogram every year. You need to stay informed. You need to do as much research into your family history as you can. Try to find out what aunt Susan died of. Knowing your family history puts you ahead of the game. Talk to your children about breast cancer. Your daughter more information than what she learns in her biology class. Having an honest and frank discussion with your children regarding breast cancer, and cervical cancer will take the mystery out of these diseases and your children will be less frightened when these subjects are brought up. Your husband needs to understand breast cancer. He needs to understand cervical cancer. When an illness strikes a family, it is a shared experience. No one in the family escapes the pain and confusion and anger that an illness can bring. Your discussions with your children may alter the course of their lives and cause them to begin making better food choices and not smoking or consuming alcohol. Knowledge always brings peace and a feeling of control. We recommend you visit our website <https://touchedbythelight.us> and read some of our inspirational essays during your lunch hours. We also recommend that you read three books to help you change and to exercise control over your emotions. The books are You Are The Prophet of Your Life, A Christian Is Never Desperate and Women of Courage. These books were first introduced to male prisoners in 5 Michigan prisons. We had prisoners read the books first because we felt if the subject matter caused change in these men, it would cause change in the general population. The subject matter caused quite a stir. One man wrote us and said he called his five children and apologized to them for committing a crime causing him to be away from them during their formative years. We had another gentleman write and say he would never sell Meth again in his life. He said being without money was not an excuse for what he did to destroy another person's life. Any way God Bless! We introduced this packet to help save lives. You are important to this country. You are important to everyone who knows you. Examine your breast. Stay healthy to live another day.

# How To Do a Breast Self Exam (BSE) Once a Month

## Illustrated Breast Self Exam



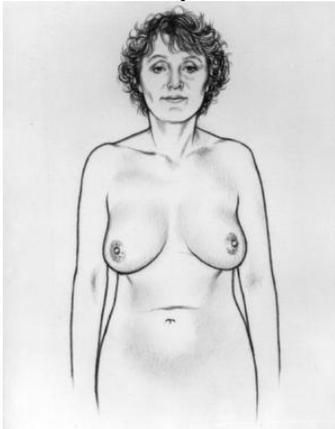
By Pam Stephan , [Breast Cancer Expert](#) , updated December 16, 2014.

Breast self-examination (BSE) **is to be performed each month in addition to an annual [mammogram](#)** or a clinical exam. Knowing your cyclical changes, what is normal for you, and what regular monthly changes in the breast feel like is the best way to keep an eye on your [breast health](#). [Breast tissue](#) extends from under your nipple and [areola](#) up toward your armpit.

**Difficulty:** Easy    **Time Required:** 15 minutes a month

### What You Need:

- A mirror which lets you see both breasts
- A pillow for your head and shoulders
- Privacy



Breast Self-Exam: Visual Exam. Photo Courtesy of National Cancer Institute

### 1. Make a regular date for your BSE

**If you are pre-menopausal:** Set a regular time to examine your breasts a few days after your period ends, when hormone levels are relatively stable and breasts are less tender.

**If you are already menopausal** (have not had a period for a year or more): Pick a particular day of the month to do the exam, and then repeat your BSE on that day each month.



Breast Self Exam: Visual Exam 3. Photo Courtesy of National Cancer Institute

### 2. Visual Exam - Hands on Hips

In the privacy of your bathroom, strip to the waist and stand before a mirror. You will need to see both breasts at the same time. Stand with your hands on your hips and check the appearance of your breasts. Look at size, shape, and contour. Note changes, if any, in the skin color or texture. Look at the nipples and [areolas](#), to see how healthy they look.



Breast Self Exam: Visual Exam 2. Photo Courtesy of National Cancer Institute

### 3. Visual Exam - Arms Over Your Head

Still standing in front of the mirror, raise your arms over your head and see if your breasts move in the same way, and note any differences. Look at size, shape, and drape, checking for symmetry. Pay attention to your [nipples and areolas](#), to see if you have any dimples, bumps, or retraction (indentation). Look up toward your armpits and note if there is any swelling where your [lymph nodes](#) are (lower armpit area).



Breast Self Exam: Stroke Exam 4. Photo Courtesy of National Cancer Institute

### 4. Manual Exam - Stand and Stroke

Raise your left arm overhead, and use your right-hand fingers to apply gentle pressure to the [left breast](#). Stroke from the top to the bottom of the breast, moving across from the inside of the breast all the way into your armpit area. You can also use a circular motion, being sure to cover the entire breast area. Take note of any changes in texture, color, or size. Switch sides and repeat. This is best done in the shower, as wet skin will have the least resistance to the friction of your fingers.



Breast Self Exam: Check Nipple 5. Photo Courtesy of National Cancer Institute

### **5. Manual Exam - Check Your Nipples**

Still facing the mirror, lower both arms. With the index and middle fingers of your right hand, gently squeeze the left nipple and pull forward. Does the nipple spring back into place? Does it pull back into the breast? Note whether or not any [fluid](#) leaks out. Reverse your hands and check the right nipple in the same way.



Breast Self Exam: Recline Stroke 6. Photo Courtesy of National Cancer Institute

### **6. Manual Exam - Recline and Stroke**

This is best done in your bedroom, where you can lie down. Place a pillow on the bed so that you can lie with both your head and shoulders on the pillow. Lie down and put your left hand behind your head. Use your right hand to stroke the breast and underarm, as you did in step 4. Take note of any changes in texture, color, or size. Switch sides and repeat.

### **7. Tips For Doing Your BSE**

1. Mark your calendar to remind yourself to do your BSE regularly. This is a good way to prevent worry if find a normal cyclic change.
2. Stay relaxed and breathe normally as you do your BSE. Becoming tense will produce some knots that you may mistake for something worrisome.
3. Report any changes or unusual pain to your doctor or [nurse practitioner](#). Keep a log of changes, if that helps you remember.
4. Remember to have an annual [clinical exam](#) and a [mammogram](#).

We should not stop talking about breast cancer until there are no longer women dying from this disease. Every day you need to do something to help yourself and other women because therein lies our protection and welfare. Go to our website download the information send it to a friend, family member or coworker and purchase one of our books to help someone else. Thank you for your attention sincerely, Gloria G. Lee, [yithril1@netzero.net](mailto:yithril1@netzero.net) 734 786 3233 Please email me – this is the only feedback we have regarding the number of women receiving our message. Remember to read and share with five other women

# I GOT THE MESSAGE



## I EDUCATED MYSELF ON BREAST CANCER -

- I EXAMINE MY BREAST MONTHLY
- I GET A MAMMOGRAM ANNUALLY
- I DO IT FOR MY CHILDREN

Hi. My name is Minister Gloria G. Lee. I am the breast cancer spokesperson for the Touched by the Light Foundation. I am reaching out to you because I need your help in reaching every Black woman in this country to tell them to get a mammogram. Black women are dying of breast cancer at a greater rate than any other race in the country. The cause is both cultural and late detection. When Black women are diagnosed with the **most virulent form of cancer (triple-negative breast cancer - more aggressive, harder to treat, and more likely to come back (recur) than cancers that are hormone-receptor-positive or HER2-positive.)** it is normally diagnosed in stage 3 or stage 4 reducing a doctor's ability to save lives. We can fix this problem by encouraging women to perform self-examinations each month, get a mammogram prior to age 40, thereby reducing the time the tumor has to grow, and encouraging women to fight their fear of this disease and think of their children. **We have to do more than wear pink and participate in a walk once a year.** If Black women can work 10 to 12 hours a day and neglect their

appearance and their health to provide their children with a better life, then Black women can face their fears by educating themselves about breast cancer and examine their breasts monthly and walk into a clinic for a mammogram, determined to confront this disease. Together we faced dogs and fire hoses to obtain the right to vote and we fought with our bodies to ride a bus. Surely, we can face breast cancer by working together. I assembled a 48-page packet on breast cancer. This information is helpful in clarifying certain aspects of cancer. We want every Black woman to read it. You can help us reach these women by going to <https://touchedbythelight.us> and downloading this packet and **sending it to 5 other women.** "What we do for ourselves dies with us. What we do for others and the world remains and is immortal." Albert Pine, author -d. 1851. We are desperately trying to reach 1 million Black women. The death of a woman from breast cancer is a **family issue.** It is not a **gender issue.** Everyone is affected by the death of a woman. Children are left motherless. They are placed in foster care where many do not survive. We want Black women to realize breast cancer can be fought. We can win over this disease. Just because the disease is frightening does not mean we cannot stand up to breast cancer. One way to fight is to learn as much about breast cancer as possible and share this knowledge with our family and children and other men and women **who cannot read as well.** Knowledge reduces fear. To the males I reached out to please download this information share it with your wife, girlfriend and other female family members. They may say this is a woman's issue or private. You counter by saying breast cancer is a family issue. Any time there is an opportunity for you to lose your mother, sister, grandmother, cousin, and wife or girlfriend breast cancer becomes a family issue one which you have a role to play. Study this information so you can talk intelligently regarding breast cancer. Show women you care by arming yourself with information so you can help allay their fears and provide them with the encouragement they need to get on the phone and make an appointment for a mammogram. Let them know you also know how and when self-breast exams should be performed. You do not want to have to answer a child when he or she asks, "Where is my mama?" If you tell a child, his or her mother is in heaven they are going to ask you where heaven is and why can't they go there to see their mother or why their mother can't come home. There is no position worse than being in the position of answering a motherless child. I am a breast cancer survivor. I watched my breasts for 40 years, from age 20 after finding a lump in my breast. I had six surgeries on my left breast and eight surgeries on my right breast before cancer was detected in 2008. Then I had three more surgeries in a few short months, chemotherapy, and radiation. The first surgery the tumor was removed. The day of the surgery a technician at Hutzel Hospital inserted a very long needle in my left breast seven times, delivering a dye to help guide the surgeon to the cancerous area. As she inserted the needle I didn't move. I stared at the ceiling. A woman from the outer office came into the room and stood over me watching, talking about how painful the procedure was. I never opened my mouth, nor did I

flinch each time the needle was inserted. When the technician was through, I thank the young woman and was escorted to surgery. The most important element in a fight is your mental health. Battles are won when people concentrate on the situation at hand, not on what could or might happen. I made up my mind that I was going to do whatever the doctors said I had to do. I was going to survive. I made up my mind fear was not going to control me.

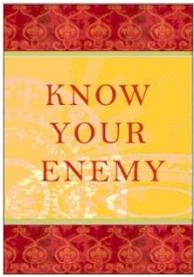
My tumor was in a very peculiar position. You had to lift the left breast and feel underneath just as the breast began. The tumor was in that curvature, near the bone. The second surgery a biopsy was made of the sentinel lymph node to learn if the cancer has left the breast. To receive chemotherapy, a chemotherapy port had to be surgically inserted underneath my skin in the chest. The port was inserted while I was awake. I was not given a sedative or painkiller. The insertion of the port is a long tedious procedure because a catheter has to be inserted through a vein. I fixed my eyes on the ceiling and did not move until the surgeon finished. As I was climbing down off the gurney, I told the doctor thank you. He said no, I thank you for your service and I commend you on your stoicism. The doctor knew that procedure was painful, and he knew my age. As I walked out of the door I said, "I am ready for round two, chemotherapy." A catheter connects the chemotherapy port to a large vein allowing for intravenous chemotherapy to be given through the port. The port is a small plastic, stainless steel or titanium device. The port makes chemotherapy doses easier to administer. Drugs can then be injected into, or blood can be drawn through this port. I had my third surgery after my chemotherapy. My pacemaker had to be removed so I could receive radiation therapy. I had to run then walk as fast as I could back and forth down the hospital halls to stress my heart to see if I could survive having the pacemaker removed. Again, I endured because I focused on what I am dealing with, not on what could or might happen. The doctor who removed my pacemaker pioneered the field. We have a monster to fight ladies. If we fight long and hard our grandchildren may escape the terror of this disease. Very little research is being done on the breast cancer (**triple-negative breast cancer**) that is killing Black women (<http://www.youtube.com/watch?v=DOQbO-Mg1ZE>). This we need to correct. We can win this fight all we have to do is stand up. Remember if you want to do the best for your child or children stay alive to see them grow up then they may not end up prostituting.

Help me by going to <https://touchedbythelight.us> downloading the breast cancer information and emailing it to five other women. You can also make 10 copies of this flyer and give to other women. Help spread the word. **Contact me if you want to do more.** We can win over this disease, but we must be determined in our efforts and fight against fear, complacency and avoidance. **As a thank you for helping us get the word out we are inviting all business owners to send us information regarding your company and we will post it free of charge on our website for women at <https://touchedbythelight.us/puttingwomenintouch.com> This opportunity should help you reach more and more customers - email information to [yithril11@netzero.net](mailto:yithril11@netzero.net) My contact information is listed below if you would like me to accompany you to your mammogram or if you would like to know more about my experience. Please do not ignore this message. Every time you avoid a breast exams or ignore your symptoms surrounding your breast you place yourself one step closer to death. Stand up and fight for your life. There is a direct corollary between prostitution men in prison and the death of their mothers.**

Sincerely, Minister Gloria G. Lee, [yithril11@netzero.net](mailto:yithril11@netzero.net) 734 786 3233 Help Us Save Your Life Go To <http://https://touchedbythelight.us/> Download or Print and Read our 60 page booklet – then email the booklet or make copies for five other women. Be Brave for Your Children

## **It Is Vital That You Do Not Ignore This Notice**

**Do Not Be Afraid Educate Yourself** This program is being supported by the Touched By The Light Foundation, 734 786 3233, - Mays Multimedia Printing, 248 281 6524 (**Book Consultation w Ms. Elizabeth Mays**) Muse Income Tax Service 313 273 3064, The Women of Courage Show 734 686 1444 and <https://www.sundaygolessons.com/> 734 444 7821



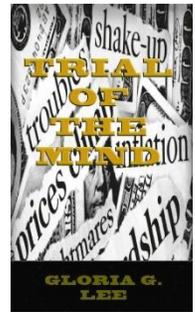
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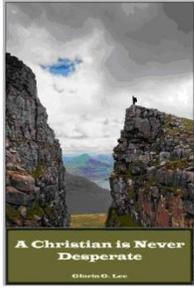
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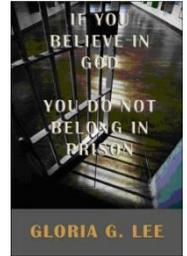
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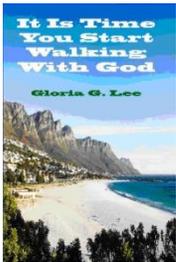
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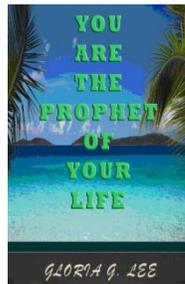
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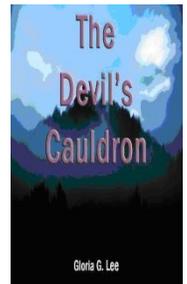
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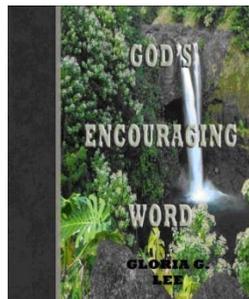
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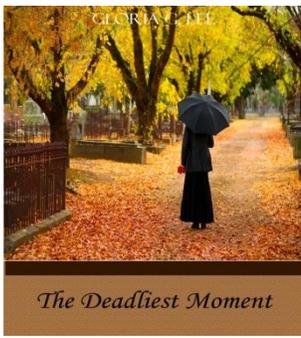
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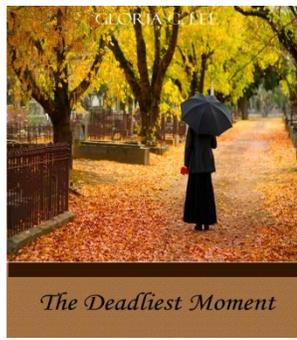


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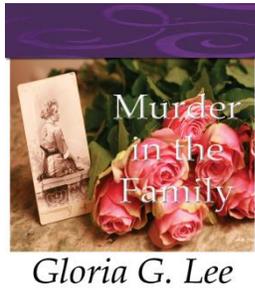
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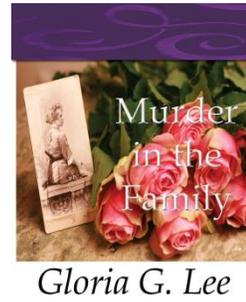
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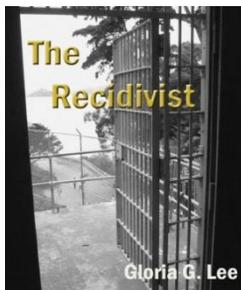
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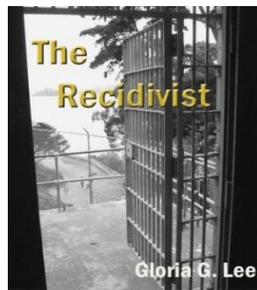
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**Volume Three Part Two**



**Volume Four Part One**



**Volume Four Part Two**

<http://https://touchedbythelight.us/Touchedbythelightonlinebookstore.html>

**There are Free Inspirational Articles Available at <https://touchedbythelight.us> :**

- If You Believe In God You Do Not Belong In Prison.
- Bringing Change Into Your Life Part two
- Bringing Change Into Your Life Part One
- Male Version Bringing Change Into Your Life
- Male Version Bringing Change Into Your Life Part One
- READING WILL CHANGE YOUR LIFE
- A Better Life Awaits You
- The Importance of Tithing
- Every Day Say This Prayer
- God's Encouraging Words To Heal Your Mind Soul and Body
- Change a Woman's Life

**For more information, please contact: *Touched By The Light Foundation* Phone:  
734 786 3233**

Our books can be found at <http://https://touchedbythelight.us/shopping-cart.html>

You can email us at [yithril11@netzero.net](mailto:yithril11@netzero.net)

**The information in this booklet was collected from various websites to provide insight into the subject of breast cancer. We tried to list all websites so you can visit for more detail information on the subject. This booklet will never be sold. It is available to be downloaded to simplify the subject of breast cancer and to make this disease less frightening to women of color.**

# Touched By The Light Publishing In Partnership With The Community

## A BETTER LIFE AWAITS YOU WHEN YOU READ!

### "He Who Reads, Sees"

Literacy is defined as "using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential." National Assessment of Adult Literacy

Touched By The Light Publishing just finished a twelve year study in which we learned that the nation's ill are founded on violence and poverty and violence and poverty is founded on the inability of people to read. So, we propose to treat the disease. We now publish books to attack the roots of crime - poverty, poor education, drug abuse, broken families, and lack of job training. Because of this vision Touched By The Light Publishing has decided to advocate for 100% Literacy in America. We established the Touched By The Light Literacy Program. We recognize that literacy is the power that changes lives and improves communities. Literacy is critical to personal freedom. We envision a world in which everyone can read, write, compute, and where adults can use technology to lead healthy, productive, and fulfilling lives. Statistics have proven that literacy unlocks doors, enhances creativity and people learn what is going on, on the other side of the world. Literacy impacts lives. Adultery literacy prepares people for better jobs. Better jobs lead to increased productivity, safer streets, and happier families. On the other hand:

**"Emotional Literacy"** is the ability to recognize, understand and appropriately express our emotions and it is an essential ingredient for life success, happiness, and peace. Those men and women who do not possess this quality end up in prison or in the grave. The lack of emotional literacy is in part because many men are in prison today. Our prison population is 65 – 70% illiterate. Lives are being lost through illiteracy. If we are to increase employment opportunities for men returning to the community from prison, we must initiate a reading program in prisons throughout the country. We can treat illiteracy ourselves. No one has to help us. If you teach a man to read, you will not have to teach him to fish. He can read a book on how to fish

Did you know Low health literacy cost Americans 238 billion dollars per year?

Did you know that two-thirds of students who cannot read proficiently by the end of the 4th grade will end up in jail or on welfare?

Here are some Literacy statistics with respect to America

### LITERACY STATISTICS AND JUVENILE COURT

- 85 percent of all juveniles who interface with the juvenile court system are functionally illiterate.
- More than 60 percent of all prison inmates are functionally illiterate.
- Penal institution records show that inmates have a 16% chance of returning to prison if they receive literacy help, as opposed to 70% who receive no help. This equates to taxpayer costs of \$25,000 per year per inmate and nearly double that amount for juvenile offenders.
- Illiteracy and crime are closely related. The Department of Justice states, "The link between academic failure and delinquency, violence, and crime is *welded to reading failure*." Over 70% of inmates in America's prisons cannot read above a fourth-grade level.

## MANY OF THE USA ILLS ARE DIRECTLY RELATED TO ILLITERACY FEW STATISTICS:

- Literacy is learned. Illiteracy is passed along by parents who cannot read or write.
- One child in four grows up not knowing how to read.
- 43% of adults at *Level 1* literacy skills live in poverty compared to only 4% of those at *Level 5*
- 3 out of 4 food stamp recipients perform in the lowest 2 literacy levels
- 90% of welfare recipients are high school dropouts
- 16- to 19-year-old girls at the poverty level and below, with below average skills, are 6 times more likely to have out-of-wedlock children than their reading counterparts.
- Low literary costs \$73 million per year in terms of direct health care costs. A recent study by Pfizer put the cost much higher.

**UNICEF says that nearly a billion people will enter the 21<sup>st</sup> century unable to read a book or sign their name and two thirds of them are women.**

## BUSINESS AND LITERACY

Touched By The Light want to impact these lives. We want to change these statistics by 2021. In ten years, we want to go from a society that has over 2 million men in prison to a society that has less than 10% of this total. Touched By The Light Publishing believes this goal can be reach if we teach people to read. We can stop the flow of men into prison.

Because of the above statistics Touched by The Light Publishing is asking 1 million Americans to teach one person to read. We would like for you to add your name to our One Million American Reading Campaign. You commit yourself to teaching one adult to read. You can teach the adult to read at your local library. You must always stay conscious of your safety. You can conduct the reading sessions on a Saturday early in the day always in a public place. You must know something about that person you are teaching to read. You must be cognizant of the fact that people who cannot read or have difficulty reading will have emotional problems. They can suffer periods of depression or be extremely unhappy because they do not see a future for themselves. They may abuse alcohol or drugs. You will provide the person with a dictionary, a thesaurus, a writing pad and 3 by 5 cards. You are to encourage the person to use these implements and to build his or her vocabulary. You are to continue to teach that person to read until that individual can read competently. If you earn more than \$250,000 per year you agree to find a school and ensure that every child in that school learns to read above a 4<sup>th</sup> grade level. You are to contract with a reading agency or company and pay for the students at that school who are having problems reading. You must understand a person who cannot read or has a reading deficiency cannot get a driver's license, he cannot get a legal job as a taxicab driver because he cannot read the street signs, he cannot read to past the state driving test; he cannot get a job as a waiter because he cannot read the menu. This is why the elimination of the jobs at gas stations had such a devastating effect on the population. Serving up gas provided employment. Go in and get your car washed every week. You must support men working low paying jobs. We also would like for you to participate in [The Wall Project](#).

## THE COMMUNITY AND LITERACY - BECOME A PART OF OUR EFFORT

***"We must save ourselves. The cavalry is not coming. I don't believe that the federal government, a few key corporate titans, or some Act of God is going to fix Michigan's problems; we have to fix them together. Michigan and indeed the nation is in a season of great hardship, but it is also a season of great opportunity." -- D. Alexander Bullock. (Jobs and Justice Meeting March 2011)***

## THE CHURCH AND LITERACY – The Churches can play a leading role in changing society by sending books to prisoners through our Wall Project and fostering reading and feeding programs throughout the community for children.

“Our young people are being killed.” “We have to take a stand. ... Our babies can't be safe even in their homes. ...The church must take a stand for what's right.” “Everyone has to take part. ...Everyone is responsible.” Rev. Johnnie Alexander, pastor at Redeem Missionary Baptist Church in Detroit  
“We need to take our message to the streets instead of waiting for the streets to come to the church.” “We should make our presence felt, in a professional way. Not by saying, ‘You're going to hell and you're sinners,’ but by saying what can we do to help.” Rev. Oscar King, president of the Council and pastor at Northwest Unity Missionary Baptist Church in Detroit.

## MOTHERS WITH CHILDREN IN PRISON AND LITERACY Support our Adult Literacy Program

Do you have a son or daughter in prison? Are you quietly waiting for his or her release? If so you should watch our literacy video at [www.touchedbythelightliteracyprogram.com](http://www.touchedbythelightliteracyprogram.com) and volunteer to help Touched By The Light Literacy Program by directing friends and family to our website to make a book purchase. The proceeds from these purchases will help us improve the lives of countless prisoners who cannot read. You can form a group and find speaking engagements for Touched By The Light speakers to raise enough money to send our books to prisoners. You will be helping your child and someone else's child. Individually we cannot do much but together we can prevail. You should email us for ideas on how to prepare for their release. Literate parolees can readily seek employment or higher education rather than steal. Please call us and help with this project – you will literally save lives. Do not let shame keep you from helping. To error is to do nothing.

## MOTHERS WHO DO NOT HAVE CHILDREN IN PRISON:

We want you to purchase two books “If You Believe In God You Do Not Belong In Prison” and “You Are The Prophet of your Life.” Have everyone in your family read these books then invite our speaker to conduct a Violence Seminar at your local church or youth center. These are hard hitting take no prisoners books. These books have turned prisoners around. We have letters from prisoners thanking us for providing these books to them.

## FAMILY READING CAMPAIGN

If a slave can learn to read by moonlight your son can learn to read by neon light. As a child learns to read, self-esteem and confidence increase, and grades improve--even in other subjects such as math and science. We must foster the success of children and adolescents, both at home and in the community; Your life **Starts Now** as soon as you pick up that book and read it. **Why Learn To Read Early?** Two-thirds of students who cannot read proficiently by the end of the 4th grade will end up in jail or on welfare. The fourth grade is the watershed year

If you want your child to read, you must have books all over your home. The books must be in the breakfast nook, in the basemen in your bedroom on the coffee table and in the closet. You child must see you read. He or she should see your face reading the evening paper. There should be books in the car. Young children should be given a book even if he or she cannot read. Give them the book and tell them to read it. What they will do is look at the pictures and describe what they think is happening in the story. Your interaction with their story telling is critical because you are confirming their ability to read. As the young child continues to story tell he or she will learn the appreciation of reading. While you are driving your child to and from day care of school give them a book to read in the car. Tell them your job is to go to work to earn money to provide for the family and their job is to go to school and learn. Tell them they are going to school so they can learn to read so they can make money where they will have a good future.

You must make certain your child can read competently by the fourth grade. If your child is struggling cut out the cigarettes, donuts at work or getting your nails done save this money and enroll your child in a reading class. If your child does not know how to read by age 10, he is well on his way to prison. Ask any

counselor at a state youth facility. They will tell you boys enter their facilities at the age 11 for robbery, breaking and entering, purse snatching etc. Once the violent pattern has been established it is hard to break, therefore it is worth the effort to have a violence prevention program for your son, which means teaching him to read. Male children have a much harder time learning to read without the proper encouragement because their attention is directed elsewhere. Sports are a high priority; social competition and male dominance enters into the picture. Consequently, great emphasis must be placed on setting aside time for males to learn to read and to continue to read throughout adolescence.

Control what your child watches on television. Playing video games should be a reward after the schoolwork is done and a book is read. Proper sleep and nutrition are important in learning. No late-night television during school nights. Do not forget **You** are the example.

## PLEASE HELP

We would like for you to do four things to support our efforts toward total literacy for the country. One please asks your friends, family and coworkers to visit our website [www.touchedbythelightliteracyprogram.com](http://www.touchedbythelightliteracyprogram.com) and watch our video. Secondly, we would like for you to purchase "If You Believe In God You Do Not Belong In Prison" for every male in your family. This book was written to stop the flow of men into prisons leaving their children behind. No child should have to visit his or her father in prison. Thirdly purchase the book You Are The Prophet of Your Life for every female in the family especially your daughter. This book builds self-esteem. Lastly get your mammogram now. Too many women are still dying of breast cancer. We thank you in advance for your participation. When you read for knowledge every day you can look forward to a better life. Reading magazines and newspapers "are the best way not to remain speechless." Please read this booklet at least three times. **We can be reached via email at [yithril11@netzero.net](mailto:yithril11@netzero.net) – call or email us we need help with this project.** This program is being supported by the Touched By The Light Foundation, Mays Multimedia and other local businesses. **Please share with a Friend**

## VOLUNTEER OPPORTUNITIES:

Experts say the best ways to save an aging brain is to volunteer in a community activity.

If you can read and write and can spare a few hours a week, you can volunteer to teach a person to read or tutor in math or other life skills. We need a reading and feeding program in every community. You can get together a group of interest people and begin a reading program for children or adults in your local library or community center. **Add your voice** to the million-signature campaign. Email us at [yithril11@netzero.net](mailto:yithril11@netzero.net) and sign up and pledge you will teach one person to read. Make a significant difference in a person's life volunteer to teach a person to read. Share a story online about an experience you had in reading. Do a blog. Pass our message along. Our email is [yithril11@netzero.net](mailto:yithril11@netzero.net)

**TOUCHED BY THE LIGHT PUBLISHING OFFERS A NO RISK, NO UPFRONT COST, HIGH PROFIT FUNDRAISER THAT WILL BENEFIT YOUR CHURCH AND THE COMMUNITY** Our Book Fundraising Program is designed for churches, faith based schools, church youth groups, and other nonprofit organizations. The proceeds from our fundraiser can help you expand the services you would like to provide to children such as improving their ability to read. Depending on participation your church can earn from \$8,400 to \$50,000. We are quite serious in supporting organizations that help children. A Touched By The Light Publishing book fundraiser is an innovative way for churches to raise capital for various projects by using word of mouth and using the Internet to promote the fundraiser. Our fundraiser is quite simple all your congregation or volunteers have to do is ask friends family and coworkers to purchase our books from a TBTL website. The congregation can appeal to friends and family all over the country in person over the phone or over the Internet. Blog radio or other local stations can be used to announce your book fundraiser. Our well-thought-out fundraising strategy doesn't make too many demands on any one facet of your organization. Children are not put at risk. The fundraiser is conducted by adults. The fundraiser is not conducted in your sanctuary. Our fundraiser is not time consuming, expensive, nor stressful, and your church will get a lot back for your fundraising efforts. Our fundraisers are well received because our books foster reading self-improvement, problem solving and learning the word of God.

# Touched By The Light Publishing Prison Ministry

## The Wall Project -Purchase A Book For A Prisoner

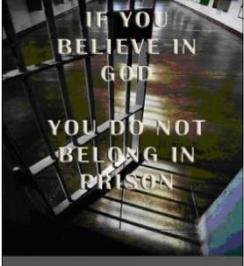
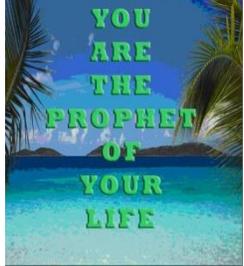
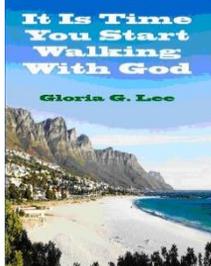
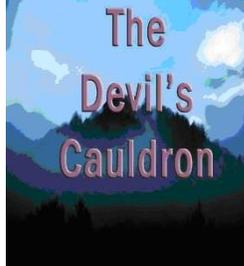
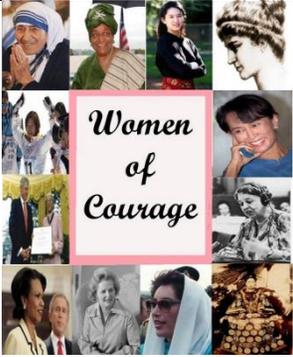
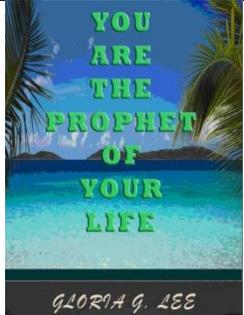
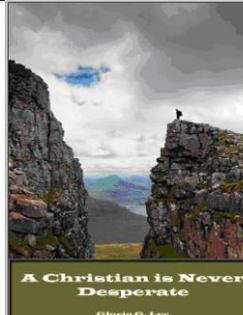
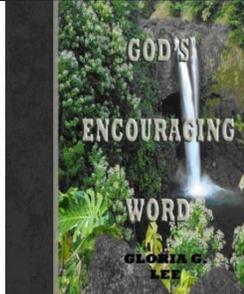
The purpose of Touched By The Light Publishing is not only to sell books but to change lives and to relieve the suffering of others through participating or supporting community project throughout the country. Touched By the Light Publishing started a prison ministry in Michigan in 2004 called **The Wall Project**. The project provides books for prisoners to read. We now want to expand this ministry. The purpose of this ministry is to try and rehabilitate the prisoners before they are paroled. We want to change the way they think. We are sick and tired of men spending their entire life in prison leaving children without fathers. The reason why many men end up in prison is because they cannot read. They are literate. Because of their illiteracy they cannot find jobs or express themselves without violence. These men are emotion driven. They turn to crime to make a living and they turn to drugs to bolster their self-esteem. If the men in prison are not rehabilitated while in prison when they are paroled, they will repeat the same behavior. Men and women will be killed on the street. Homes will be broken into and elderly women will be murdered in their beds.

We believe the number of men in prison in this country who are living away from their families is a problem that must be solved by the community. Our participation in **The Wall Project** is a reflection of Touched By The Light Publishing's ongoing support and commitment to the wellbeing of women and children. Touched By The Light Publishing is thrilled to be working with the community as a partner in our efforts to end violence everywhere." Everyone needs to become involved in teaching these men to read and how to problem solve without resulting to violence. Most of the prison inmates in our nation's prison consist of men who are poorly educated and who cannot read. Touched By the Light wants to prevent this violence. The only way this can happen is if the entire community becomes involved. This is a human issue; everyone is affected when people are robbed or murdered. No one is exempt. We need to act together to stave off the violence in our community. Do not sit back and accept the violence and settle for violence being a way of life. There is a God and through God all things are possible all we have to do is try and ask Him to guide our steps.

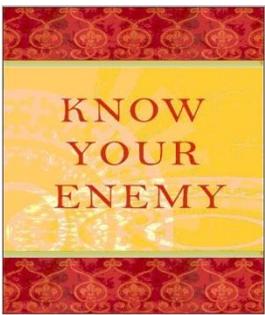
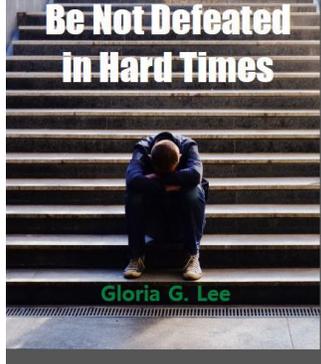
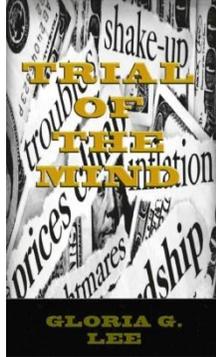
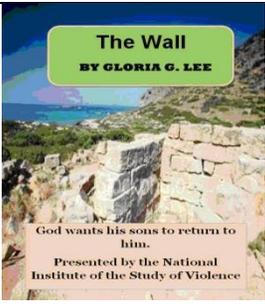
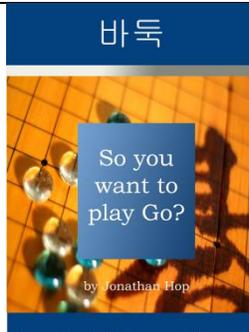
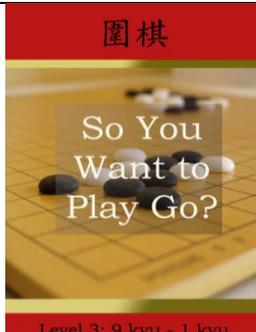
The men in prison are the link to our financial security. Our community has been devastated by the absence of these men from the home. These men are needed to build families and make our communities prosperous and safe. They do not need to spend their entire life in prison. Touched By The Light Publishing knows some of you do not want to be bothered with these men. You want them to be punished and forgotten about. Well, we cannot forget about them because if we do we will continue to have more and more funerals. This is not the time to be ashamed. This is the time to act. Most parents want their sons or daughters to succeed once they are released from prison. We must act now together to solve this problem. Our community will never heal unless we confront the violence. Touched By The Light would like for you to participate in **The Wall Project**. All that we are asking is that you ask your friends, family, neighbors, coworkers, etc. to go to our website at <https://touchedbythelight.us> and purchase a book or books for a prisoner. **The Wall Project** provides us a tremendous opportunity to make a difference in the lives of those impacted by all forms of violence." Join us in making **The Wall Project** a success purchase a book for a prisoner. You will be the better for it. Do not let your anger or distain toward offenders prevent you from helping.

"The word-of-mouth program in our communities has the ability to increase the awareness and information about violence to a much larger audience than our company can alone, and as a result, together we can make a difference in so many more lives of people who are struggling to get free from the violence." We are tasked by God to provide the word to other men because for without a teacher how are they to learn or believe Roman 10:14-15.

Books for Male Prisoners – purchased separately \$88.75 as a set \$75.00 a savings of \$13.75

 <p><b>IF YOU BELIEVE IN GOD YOU DO NOT BELONG IN PRISON</b> GLORIA G. LEE</p>	 <p><b>YOU ARE THE PROPHET OF YOUR LIFE</b> GLORIA G. LEE</p>	 <p><b>It is Time You Start Walking With God</b> Gloria G. Lee</p>	 <p><b>A Christian is Never Desperate</b> Gloria G. Lee</p>	 <p><b>The Devil's Cauldron</b> Gloria G. Lee</p>
 <p><b>Women of Courage</b></p>	 <p><b>YOU ARE THE PROPHET OF YOUR LIFE</b> GLORIA G. LEE</p>	 <p><b>A Christian is Never Desperate</b> Gloria G. Lee</p>	 <p><b>GOD'S ENCOURAGING WORD</b> GLORIA G. LEE</p>	<p><b>These are the four books selected for female prisoners</b></p> <p><b>–Purchased separately \$88.75 as a set \$75.00 a savings of \$13.75</b></p>

**Other Books Available**

 <p><b>KNOW YOUR ENEMY</b></p>	 <p><b>Be Not Defeated in Hard Times</b> Gloria G. Lee</p>	 <p><b>shake-up TRIAL OF THE MIND</b> GLORIA G. LEE</p>	 <p><b>THE DEVIL'S WHISPERS</b> GLORIA G. LEE</p>
 <p><b>The Wall</b> BY GLORIA G. LEE</p> <p>God wants his sons to return to him. Presented by the National Institute of the Study of Violence</p>	 <p><b>碁</b> <b>So You Want to Play Go?</b></p> <p>Level 1- 30 kyu to 20 kyu</p>	 <p><b>바둑</b> <b>So you want to play Go?</b></p> <p>by Jonathan Hop</p> <p>Level 2: 19 kyu - 10 kyu</p>	 <p><b>圍棋</b> <b>So You Want to Play Go?</b></p> <p>Level 3: 9 kyu - 1 kyu</p>

**"It is Time You Start Walking With God."** You cannot take the nourishment of your mind lightly. You cannot assume that the voices you are exposed to everyday are feeding you the proper nourishment you need to live a successful life. You must question the conduct of others and separate yourself from any man who does not live by the word of God. The course of your life comes from your mind and the thoughts of your mind come

from your spirit. It is your spirit that leads you to action. So, if your actions have led you away from God you need to consider who is feeding your mind and who is affecting your soul. **6 x 9 inches | 198 pages**

**“If You Believe In God You Do Not Belong In Prison.”** Destruction begins with temptation. Then temptation lends itself to thoughts of “Why not? What would it matter? Who will know?” Slowly you are drawn into participating in an activity that you believe is wrong but the world has convinced you that there should be no experience denied to you. Hundreds and hundreds of men and women have begun a path of destruction based on temptation.” **6 x 9 inches | 266 pages**

**“The Wall”** If your life is like this: If you can't sleep, if you are confused, if you can't keep a job, if your wife has left you, if your children hate you, if you lie awake at night, if you just lost your house, if you are tired and hungry, if you are looking for a wife, if you are alone and unhappy, if you can't make up your mind, if you think people don't like you, if you are looking for a soul mate, if your life is filled with anger and fear, if you are fighting sickness and disease, or if you can't get along with your neighbor, you need to try God. **6 x 9 inches | 530 pages**

**“You Are The Prophet of Your Life.”** You can have what you say but you must be consistent. When you oscillate back and forth you are being consistently inconsistent. That is right. You are consistently sowing seeds of doubt and disbelief and that is what you are harvesting. Whatever you put in the ground of your heart will grow. If you put doubt and disbelief in your heart, that will be your harvest. You can have what you say but what you say must be consistent. You must consistently speak faith and wellness. **6 x 9 inches | 222 pages**

**“A Christian is Never Desperate”** You can be victorious over adversity! A Christian acts and lives by faith. God always has a miracle for you. He gives you the facts you need to make important decisions to be successful, and to overcome mediocrity. These devotionals will keep you mindful of your responsibilities to God and to yourself. Your family will benefit from your diligence. **4 x 7 inches | 206 pages |**

**“Be Not Defeated in Hard Times”** are devotionals filled with information to help you face the day. These books were designed as referral sources for you to use throughout the day to give you encouragement, refreshment and strength to fight life's battles. These books are reminders that you can win at life. Life is not something that you suffer through, then die. Life is a passage of time to be lived in joy and happiness with God at the helm. These devotionals will keep you mindful of your responsibilities to God and to yourself. Your family will benefit from your diligence. **5 x 8 inches | 244 pages**

**“Gods Encouraging Word”** The key to change is to avoid negative thinking. Negative thinking has killed more people than any disease or bomb. Negative thinking will stop you in your tracks. It will fill you with fear and you will never accomplish anything in your life. You must begin to pay attention to what you say to yourself because if you are constantly saying negative things to yourself you will begin to believe yourself. Avoid negative people. Anyone that does not feed into your changing your life positively must be avoided. Remember negative thinking is a habit and so is positive thinking. Make an effort to develop the habit of thinking positive and all of your negative habits will become things of the past, especially the negative people you once lived around. **6 x 9 inches | 326 pages**

**“Know Your Enemy”** You have to prepare your mind to fight when things go awry. Keep this book with you at all times. You will find referencing the scriptures will help you throughout the day. These scriptures will reinforce your faith and sustain you. It is important that we continue to encourage ourselves in our walk with God. It is important that we continue to read, study and meditate so that in times of trouble we will not falter but gird our loins and stand for right not evil. This is what every Christian is called to do. **4 x 7 inches 148 pg**

**“The Devil's Whispers”** Do not let the Devil fool you into believing there is nothing you can do about your position in life. Do not let the world tell you nothing will ever change, that you are destined to live a life of unhappiness and dread. There is always the light, the light provided by God to lead you away from the darkness into joy and happiness. Find this light by reading God's word. **5 x 8 inches | 350 pages**

**“The Devil's Cauldron”** Are you having an awful time at life? Are you unhappy with the way your life is going? Are you unhappy with the way you are living? Do you feel like you are the only person feeling this way? Are you constantly being pressured to make one decision after another with no end in sight? Do you wish that you could start all over again and meet new people? Do you want to make difference in life and you do not know how? Do feel like no one is listening to you? Do you feel like no one understands you and what you are going through? If you feel this way, then it is about time for you to change. That is correct, it is about time for you to change. It is about time for you to disengage yourself from the world system and try God. It is just that simple. **| 6 x 9 inches | 228 pages |**

**"Women of Courage"** "Are you apprehensive about your future? Afraid to apply for a job? Read a book filled with encouragement. Read a book that will give you the spirit to win. Read how women won over terrible odds to claim their lives. "God spoke the following words to Joshua, He said, Have I not commanded You? Be strong and courageous. Do not be terrified; do not be discouraged, for the LORD your God will be with you wherever you go." (Joshua 1:9) Read how women fought to claim control over their destiny. **7x10 390 pages also in size 6 by 9**

**So You Want To Play Go – Levels I, II, III** - \$15.99, \$17.99. \$17.99 – A 5,000-year-old game originating in China. Excellent for developing the mind – Required learning of Chinese generals **6 x 9 inches | 226 pages**

**Together we can make a difference** in so many more lives of people who are struggling to get free from bad behavior and violence." Romans 10:14-15 says we are tasked by God to provide the word to mankind because for without a teacher how are they to learn or believe. "How, then, can they call on the one they have not believed in? And how can they believe in the one of whom they have not heard? And how can they hear without someone preaching to them? And how can anyone preach unless they are sent? As it is written: "How beautiful are the feet of those who bring good news!" **Matthew 9:36-38**We, like Paul, need to have the compassion of Christ for those who are lost. God wants all people to be saved and to come to a knowledge of the truth. The man who is really saved he will have a concern and desire and burden for the salvation of others. He will see others as lost men and women who desperately need Christ. He will share in the desire God to turn men around. **1 Timothy.2:3-4**



**When Man is Left Alone in Darkness With The Devil He Becomes a Monster**

**Matthew 25:31-40** "When the Son of Man comes in his glory.....He will put the sheep on his right and the goats on his left. "Then the King will say to those on his right, 'Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me. "Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' "The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me **Please visit <https://touchedbythelight.us> and purchase a book for a prisoner – we can be reached at 734 786 3233 or by email [yithril11@netzero.net](mailto:yithril11@netzero.net)**



**Read Your Way To Success**



If you are a female and you are married, you need to understand the following information.

## Prostate Health

If you haven't burdened yourself with a question of "**What your prostate is?**" OR "**What role it plays in a man's body?**" you're certainly not alone: most men don't. However every man should educate himself on this matter. If you're a man living in the United States, it is particularly important for you to know about the risks of prostate related problems. **Prostate Health** complications are among the most common urological conditions affecting men worldwide. There are a number of conditions that develop if prostate health is not paid attention to. For example did you know that? Close to 85% of men worldwide develop some type of prostate problem by the age of 60! This statistic is even more acute in United States, where 90% of men have or will suffer from prostate related problems at some point in their lifetime.

**Prostate cancer** is the most common form of cancer found in men. National Cancer Institute Estimates that in 2010 there were around 217,000 new cases of prostate cancer resulting in 32,000 deaths in United States alone.

**BPH or Benign Prostatic Hypertrophy** is a condition characterized by swelling of the prostate. 50% of men between the ages of 50 and 60 will develop it, and by the age of 80, about 90 % will have experienced BPH symptoms! BPH can have dreadful impact on your life. It can cause problems with urination and disrupt your sexual functions.

**Prostatitis** – is a horrid word to millions of men worldwide. Prostatitis can occur in men of almost any age and is exhibited by burning during urination or pain and discomfort in the pelvic area. This condition does not respond well to most of the traditional treatments. Antibiotics that are prescribed as treatment by most urologists are only effective in less than one third of all cases.

**Colorectal Cancer** – One in 19 Americans will be diagnosed with colon cancer in their lifetime. Although colon cancer affects men and women equally, rectal cancer is more common in men. When colon and rectal cancers are found early, there is nearly a 90% chance for cure. Tightness in the anal muscles has been found to be the cause of much unexplainable prostate and testicular pain (University of Texas MD Anderson Cancer Center). Collectively they are referred to as colorectal cancers.

**Erectile Dysfunction** – is as common as cold in men over 30. We start to lose muscle after the age of 30, and we'll lose roughly one third of our muscle mass between the ages of 50 and 80 and that is a reason for reduced blood flow in many of our muscles, the root cause of many sexual dysfunctions that we are experiencing after the age of 30. [www.prostate-health-center.com](http://www.prostate-health-center.com)

MEN — live a longer and healthier life ...

Many prostate problems — even cancer — can now be easily treated. Thanks to medical advances and important new discoveries at Mayo Clinic and other leading medical centers, we can share great news with **Mayo Clinic Essential Guide to Prostate Health**.

This new book is based on advice that Mayo Clinic doctors share every day in caring for their patients. Open a copy of **Mayo Clinic Essential Guide to Prostate Health** and find:

- When to get a prostate checkup, and what to expect
- Our latest recommendations on prostate-specific antigen (PSA) testing, with detailed information on normal PSA levels by age
- How doctors diagnose and treat an enlarged prostate, including new information on the two types of drugs currently used to significantly reduce symptoms of prostate enlargement
- New guidance on managing incontinence and impotence, two common side effects of prostate treatment
- Current medical options for treating advanced prostate cancer
- New advances that mean better prostate cancer survival rates
- What to expect after prostate surgery, including information on recovery time and getting on with life
- Medical assessments of popular alternative therapies
- A new glossary explaining more than 90 terms related to prostate health
- And more

**Mayo Clinic Essential Guide to Prostate Health** is an easy-to-read yet comprehensive guide to understanding, treating and living with prostate disease. It's just the kind of thorough book you would expect from a world leader in medicine — Mayo Clinic.

## The Ultimate Male Breast Cancer Advocacy

September 8, 2021

[Khevin Barnes](#)

*A male breast cancer survivor asks, "How far are we willing to go for our cause?" He describes the advocacy work of two women who lost loved ones to male breast cancer.*

I suspect that most of us with cancer have a personal interest in our particular disease. Not long after my diagnosis of breast cancer in 2014, I began to search the Internet in hopes of finding some other men in a similar predicament. Back then the odds of contracting male breast cancer were about 1 in 1,000 with only about 1,400 new cases being reported. Sadly, those figures have increased in these last seven years. This year 2,650 men are expected to be diagnosed with the disease, and the lifetime risk of guys being diagnosed with breast cancer is now about 1 in 833.

Becoming an advocate for male breast cancer awareness has been the single most rewarding part of my own survival. It seems to me that when we expand the parameters of our drive to survive through an offering of support and camaraderie to others, we reciprocally reap the benefits of our activism.

Men helping men is a powerful brotherhood lending support and encouragement to one another. But we are few, representing less than 1% of all breast cancer cases. If you look at global statistics, breast cancer in men doesn't even make the list of the top 30 male cancers. So the question becomes, what do we do when our voices are lost in the tangle of those most visible diseases?

Cheri Ambrose, the co-founder of the Male Breast Cancer Coalition, and Pat Washburn, the global ambassador for the group, came up with a plan of action. Cheri lost a dear friend to male breast cancer and Pat's husband died after a brief battle with the disease. Neither of them wanted to see one more man succumb to what is often a preventable deadly outcome, and they went to work for us guys in a surge of advocacy that has a lot of people – men and women – taking note.

Today, as I write these words, they are traveling throughout the United States in a month-long driving tour through forty American cities, advocating for men with breast cancer. Advocating for people like me.

It's hard to miss their 2014 custom-painted Dodge Dart displaying a likeness of Washburn's husband on the hood, as well as the coalition logo, painted blue and pink ribbons, and the message: "Breast cancer does NOT discriminate. MEN TOO."

These dedicated and inspiring women are taking advocacy to a whole new level and America is paying attention. Throughout their tour so far, they have garnered front page headlines and television interviews as they tirelessly spread the news. And the message is simple, yet profound. Yes, men do indeed have breasts and we do get breast cancer.

Naturally, the sort of advocacy demonstrated by Cheri and Pat takes a special kind of commitment and a remarkable resolve to plan and execute. As for the rest of us, perhaps inspired by what we see that can be done on a grand scale, we can find our own personal way to become advocates for change or awareness or action. And no action is too small or insignificant when it comes to lending support or mending spirits or saving lives.

As for me, just another one of the 2,650 men who will be diagnosed with breast cancer this year, I carry a debt of gratitude for people like Cheri and Pat and for all those who give of themselves to advocate on our behalf. Thank you.

*For more news on cancer updates, research and education, don't forget to [subscribe to CURE®'s newsletters here](#).*

# The Colon Cancer Symptoms Young Men Should Never Ignore

**A gastroenterology expert reveals what signs to look for.**

[\*Men's Health\*](#)

- *Felice Schnoll-Sussman*

Read when you've got time to spare.



Photo by Colorblind Images LLC/Getty Images

***Felice Schnoll-Sussman, M.D. is a member of the Men's Health Advisory Board.***

John, a 28-year old avid runner and biker, was seen by me because for months he felt he did not have enough energy for his early morning runs. He had been training for the NYC marathon and was hoping for a great personal record but he could just not keep up the pace or the weekly mileage suggested on the training app he was using.

For nearly a year, he had been suffering from crampy abdominal pain and difficulty going to the bathroom. His trainer at the gym thought that he was likely getting dehydrated. John pushed more fluids throughout the day and ate a really healthy diet with lots of fruits and vegetables, but the nagging belly discomfort would not go away completely.

He went to see his primary care doctor, who suggested increasing how much fiber he was eating. He was told he likely had irritable bowel syndrome. But when he started to see blood in his stool, he became alarmed went back to his PCP for further evaluation. He was sent to me for a colonoscopy (a examination which uses a long tube with a light source and a camera that's guided up the colon to investigate the inside of the bowel) to evaluate his complaints. Shockingly, I diagnosed him with a colon cancer the size of a golf ball that was nearly blocking his rectum. John was sent for emergency surgery to remove the cancer and he's undergoing chemotherapy treatments because some cancer has already spread to his liver.

When I first started practicing medicine, I would rarely ever think that a young healthy man with gastrointestinal complaints had colon cancer. No way...colon cancer was a disease of older people.

Well, that's no longer the case. Although the risk is small, there is a real and worrisome trend you need to be aware of. Colon cancer, especially in the rectum, the lowest part of the colon, is actually on the rise in individuals younger than 50 years of age. [A 2017 study](#) showed the sharpest increase is being seen in those between ages 20 and 29.

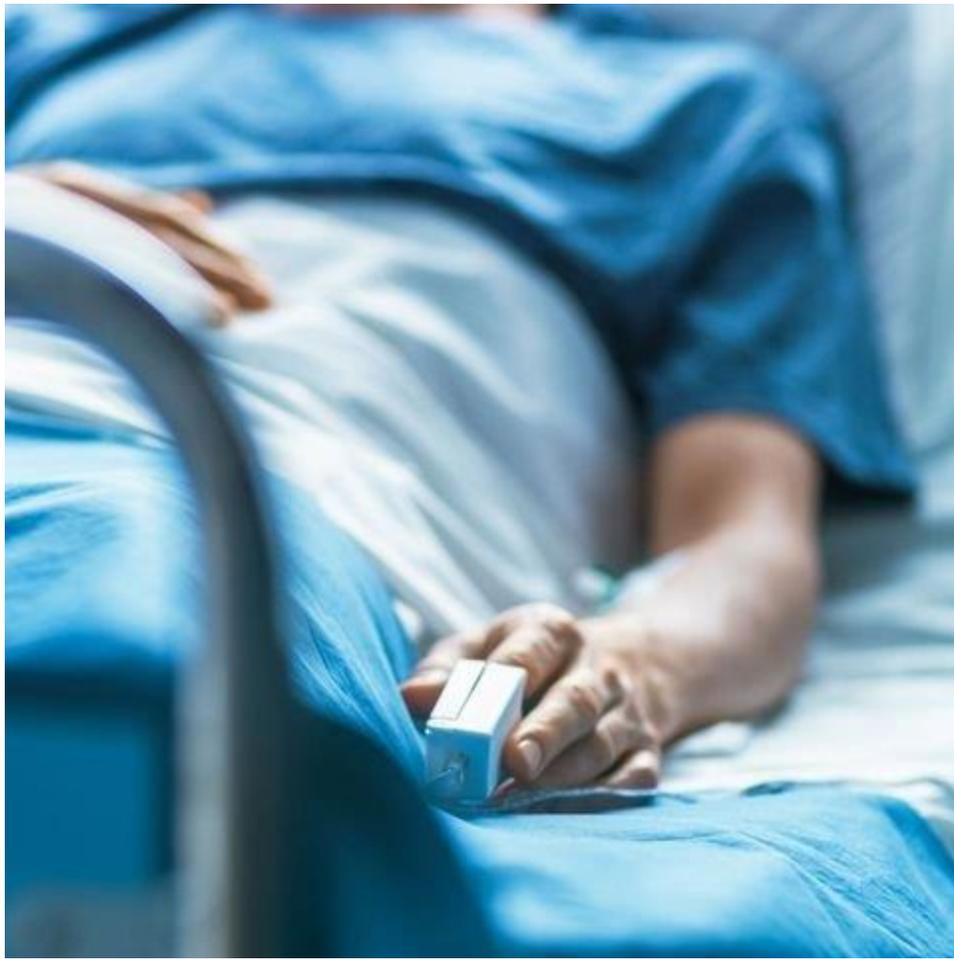


Photo by gorodenkoff/Getty Images

Why is this happening? The drivers of young-onset colorectal cancer are not well understood. Some believe that the rise is due to risk factors such as obesity and diabetes. Others believe it may be related to a change in the microbiome (the unique bacterial mix that lives in our bodies), or to antibiotic exposure and dietary choices. We just do not really know the cause.

Rates of colorectal cancer diagnosis and death at all ages [also vary by ethnic group](#). The most recent [data from the American Cancer Society](#) (at the time this article was written in August 2020) finds that incidence rates are nearly 20 percent higher for people who are Black than people who identify as non-Hispanic white. Death rates have even more disparity, with rates for Blacks at 40 percent higher than for non-Hispanic whites. The ACS suggests that there are complex reasons for the disparities, including a higher prevalence of risk factors including smoking and having obesity, and healthcare access (including screening).

But a great deal of [research is now being focused on this issue](#). In fact, Dana-Farber Cancer Institute and Memorial Sloan Kettering Cancer Center both have dedicated centers to investigate young-onset colorectal cancer.

What is the key thing you can do to stay healthy? It is so important to listen to your body. If something is “off,” and if your symptoms are just not going away, you need to get checked out. Visit your primary care doctor with any concerns. Younger patients generally aren’t diagnosed in a timely manner, and subsequently run the risk of getting a diagnosis at a later, less treatable stage. It’s not good, but also not surprising. Why would a young guy believe he has something really serious like colon cancer going on? This often leads to a delay in going to the doctor in the first place. This bias has also been held by physicians, too. We all need to have the possibility of colorectal cancer in younger people on our radar screen.

Although colorectal cancer rates have declined overall in recent years thanks to widespread use of screening tests like colonoscopies, these screening tests have not been considered practical for a younger population.

I always say that no one should ever die of fear or embarrassment. Signs you should speak to your doctor include:

- Change in bowel habits – such as new onset constipation or diarrhea
- Blood in the stool
- Abdominal pain
- Unexplained weight loss

Although the likelihood is really good that these symptoms wouldn't represent something serious in men who are young, we all need to be aware of the possibility it could be colon cancer.

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*Dr Felice Schnoll-Sussman is a board-certified gastroenterologist and Director of The Jay Monahan Center for Gastrointestinal Health in New York City. She is an Associate Attending Physician at the New York-Presbyterian Hospital/ Weill Cornell Medical Center. She is a pescatarian and believes that food is medicine. Dr. Schnoll-Sussman is the mom of two teenage boys, three-time marathoner, and pilates and barre devotee.*

### **Become a Member of Our Tree of Life**

**Our Tree of Life:** When one woman tells 10 women about breast cancer and early detection and those ten women tell another ten women about breast cancer and early detection and those 10 women tell another 10 women about breast cancer and early detection **we shall then begin to win.** We must redouble our efforts to fight this disease every chance we get. Tell someone they are important to the world by standing up and talking about this disease. The more we discuss our problems the easier it gets to confront our fears. Breast cancer is a difficult subject to discuss but we must gather our strength, perform self breast exams every month, get referrals from our doctors for mammograms and we should educate ourselves so we can competently explain breast cancer to our daughters. We should not stop talking about breast cancer until there are no longer women dying from this disease.

Please email this booklet to at least 10 women asking these women to do the same. Then please go to Office Depot and copy this booklet for five (5) women and give the booklet to the five women telling them they are important to you. Your cooperation in this matter will support our efforts in getting the word out. It is our belief that if every woman who receives this booklet at our conferences or workshops follows the above instructions this booklet should reach at least 385,000 women in less than a month. Our goal at each conference is to reach one million women with our message.

Thank you for your attention sincerely, Minister Gloria G. Lee, [yithril11@netzero.net](mailto:yithril11@netzero.net) 734 786 3233

# The Wall Project

## The World Says Ignore The Man in Distress If He was More Like Us He Would Not Be in The Condition He is In.



**Never believe that a few caring people can't change the world. For, indeed that's all who ever have."**  
**Margaret Mead**

Touched By The Light Publishing is a company dedicated to improving the lives of the people we serve. **We have designed The Wall Project** to provide books for prisoners to read. The purpose of this program is to try and rehabilitate the prisoners before they are paroled. We want to change the way they think. The reason why so many men end up in prison is because they are ill prepared to assume the responsibilities of adulthood and they cannot read. They are illiterate. Because of their illiteracy they cannot find jobs or express themselves without violence. These men are emotion driven. Once rejected from the job market they turn to crime to make a living and they turn to drugs to bolster their self-esteem. If the men in prison are not rehabilitated while in prison, when they are paroled, they will repeat the same behavior. Men and women will be killed on the street. Homes will be broken into, and elderly women will be murdered in their beds. We now ask you to join with us in purchasing a set of books for a man in prison. **The Wall Project** provides us a tremendous opportunity to make a difference in the lives of those impacted by all forms of violence. Join us in making **The Wall Project** a success purchase a set of books for a prisoner. You will be the better for it. Do not let your anger or distain toward offenders prevent you from helping. "We are tasked by God to provide the word to other men because for without a teacher how are they to learn or believe Roman 10:14-15

**Books for Male Prisoners – Books for Female Prisoners**

<p><b>If You Believe In God You Do Not Belong In Prison</b></p>	<p><b>You Are The Prophet Of Your Life</b></p>	<p><b>It is Time You Start Walking With God</b></p>	<p><b>A Christian is Never Desperate</b></p>	<p><b>The Devil's Cauldron</b></p>
<p><b>Women of Courage</b></p>	<p><b>You Are The Prophet Of Your Life</b></p>	<p><b>A Christian is Never Desperate</b></p>	<p><b>God's Encouraging Word</b></p>	<p><b>The Woman I Want To Be</b></p>

**Discussing reading is not easy because feelings get hurt. People are embarrassed because they cannot read.** Reading is defined as the accumulation of knowledge. Reading is one of the processes by which human beings gather information for conducting their lives which includes working, and recreating. When this process is inhibited for whatever reason, the person cannot conduct his or her life successfully. The person meets with bad results. When a person cannot read or does not read well, he or she will live the life of a beggar, a cheat, a liar, or will end up in prison or the grave. They will never receive what God had in store for them. Reading is the most important human activity any man can participate in. When you ignore reading you will have essentially cut yourself off from other people around you.

Our prisons are filled with people who do not know how to read. Our graveyards are filled with people who did not know how to read. You are not successful today because you cannot read or refuse to read. You continue to think you can conduct your life on the information you learned in high school. Your life is in ruin because you cannot read or do not read. Many of your children are in prison today because you did not read to them or teach them the importance of reading. Many of your children are dead because you did not read to them or teach them the importance of reading.

Reading teaches you discipline. Reading will tell you about another man's courage. Reading will tell you how to correct some of the mistakes in your life. Reading will help you solve life's problems. Reading will teach you how to find a job. Reading can help you learn a new profession or trade. Reading will help you improve your health. When you do not read you depend on hitting the number to get you ahead of the game. When you do not read you go to the casino and wager your life's savings trying to win big at the casino. When you do not read you depend on prostituting yourself to get money. You try to attract men to your breast or bottom trying to get money to live. When you do not read you go around the community looking for free food, free clothes, anything free that will help you. When you do not read you bring men into your home that do not belong there telling your children to call them daddy.

When you do not read or cannot read you are walking around with no understanding of life. Let me say this again. **When you do not read or you cannot read you are walking around without an understanding of life and you will meet with poor results.**

You will not pay your bill correctly; you will not buy the right car. You will not know how to purchase a home. You will not know how to complete your income tax. You will waste your money in bars. You will purchase cheap items to booster your self-esteem. You will live in a poor neighborhood. You will not have a savings account. You will pay more money for goods and services. You will be at the mercy of your fellow man. Your children may or may not go to college. Many of your girls will become pregnant and never graduate from school. You will suffer with much illness brought on because of poor diet and poor eating habits and tradition. You will become more and more adamant and shun change all because you do not have the knowledge you need from reading.

Hear me well you are failing in life because you cannot read, or you refuse to read, or you refuse to learn to read competently. When you shun knowledge, you remain in darkness. You will never reach the light and you may never see God. Your salvation depends on your knowledge and ability to read.

A person goes to a textbook to learn how to build a house, how repair a car, or how learn how to purchase a computer or buy tires. If the person cannot read or cannot read competently, he or she cannot successfully reach their goal. They will not learn how to purchase a computer or purchase the correct tires. They can ask other people how to do these things, but they are at the mercy of their friends to tell them the truth. We read the Bible to find out what God has to say and to learn how we are supposed to conduct our lives. If we cannot read or if we cannot read competently, we cannot get the information we need from the Bible to manage our lives properly.

A textbook or Bible will not do you any good if you cannot read or if you cannot read competently. If you cannot read or read competently the Bible is of no value to you. Listening is not enough. Going to Bible study and going to church on Sunday listening to a sermon is not enough for you to get the type of information you need to accomplish the task of learning what God wants you to do. If you take notes during Bible study and you take notes during the Sunday sermon you will be further ahead, but you are still dependent on the person who is interpreting the Bible for you. You are dependent on the integrity of the pastor to give you the right information. To solve this problem so that you will not be misled you must learn to read, and you must learn to read competently. Relying upon someone else to give you the correct information to conduct your life is extremely dangerous you will meet with disastrous results if you continue to do this.

For Example: You rely upon your girlfriend for information. She suggests you go to the bar to meet a man. Later you learn you have HIV/AIDS. All because you let your girlfriend tells you how to solve one of life's problems. **Loneliness!** Therefore, you must pray and ask the Lord's guidance when you select a friend. You want to surround yourself with right minded people. You should also pray when you select a church leader. If you cannot read or you cannot read well, you are placing your life in the hands of the person that is guiding your church. Your eternal salvation depends on the honesty of your pastor.

Another example: The word with the most drama in the Bible is the word sin. Sin is what the church is all about. Sin is what man is not supposed to do. Well, the problem with this word is it is not clearly defined in our minds. Sin to us is murder, adultery, and fornication. Sin also has a different definition. Sin is any behavior that blocks the blessings of God. **This is the most important definition of sin.** It is any behavior that blocks the blessings of God. Why, because we all want to be blessed by God. We all want God to like us. We want God to be satisfied with our performance on earth. We want God's blessings so we can live a healthy wealthy and prosperous life on earth. No one wants to be poor sick and unhappy while living on earth. As Christians we know our circumstances can change if we receive the blessing of God therefore, we strive to get God to like us. If you do not realize after reading your Bible that there are specific sins that block the blessing of God, you have not read your Bible competently. Now if you accept the doctrine of Jesus Christ and the edicts of God then we know our lives can be filled with blessings.

How many of you have read the Bible through at least once? How much of it did you remember? You recalled most of what you read if you took notes and only if you reviewed these notes regularly. When you read the Bible did you make any associations of what was said in the Bible to the way you are conducting your life. God said for you to teach your children of Him. Did you do this? Or is your son in prison because you were too busy working overtime to pay proper attention to what he was doing with his free time. How much overtime did you work to purchase your motorcycle or to pay for your girlfriend's new car working against the security of your children? How often did you stick your son in front of the television instead of giving him a book to read? How many times did you use the television as your babysitter so you could get your groove on? How often did you read to your son? How many books have your son see you read? How many books are in your home? Did you repeatedly tell your son through example and through words that learning to read was his way out of poverty that using a gun was not his way out of poverty. Purchase a set of books for a prisoner. The books offer alternative solutions for managing many of the life difficulties that prevent men from fulfilling their full potential. The men in prison are the fathers, sons, and brothers needed in our homes. We hope to restore men, restore families, and heal the wounds caused by violence. Please make money orders/checks payable to

**“The Women and Children Restoration Ministries P.O. Box 7267, Ann Arbor, Michigan 48107.** © email us for more information **yithril11@netzero.net** - [www.touchedbythelight.us](http://www.touchedbythelight.us)

Your mind must be in the habit of taking in information. Your mind must be flexible. You must be in the habit of taking in information, processing and evaluating this information. This Announcement Brought To You By The Women of Courage Show WHPR 88.1FM- Fri 3 to 4pm Sun 8 to 9am Our Shows are archived at **Touched By The Light Publishing** – listen today at [https://www.youtube.com/channel/UCt4CoPCb61T8NManMAK-cCg/videos?view=0&sort=dd&shelf\\_id=0](https://www.youtube.com/channel/UCt4CoPCb61T8NManMAK-cCg/videos?view=0&sort=dd&shelf_id=0)

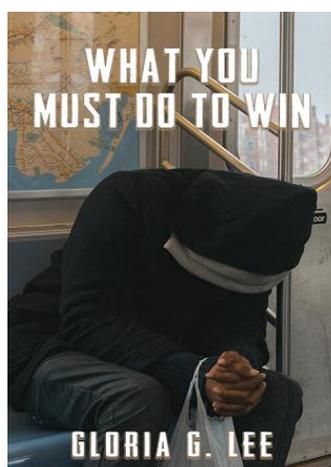
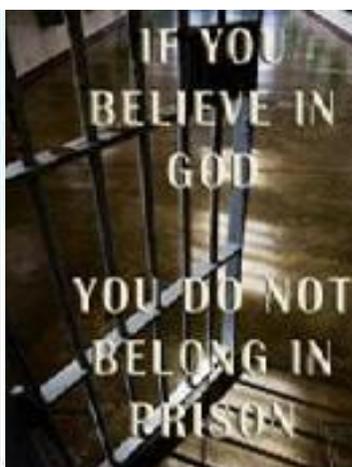
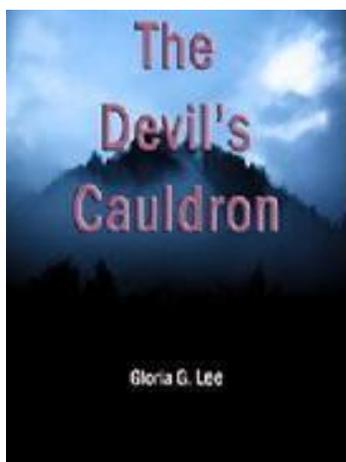
 **Read Your Way To Success?** 

## If Your Son Cannot Read By The 4<sup>th</sup> Grade He Has a 89% Chance of Going To Prison by The Time He is 20 years old

Literacy is defined as "using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential." National Assessment of Adult Literacy

***Literacy is taught. Illiteracy is inherited.***

- Literacy is learned. Illiteracy is passed along by parents who cannot read or write.
- One child in four grows up not knowing how to read.
- 43% of adults at *Level 1* literacy skills live in poverty compared to only 4% of those at *Level 5*
- 3 out of 4 food stamp recipients perform in the lowest 2 literacy levels
- 90% of welfare recipients are high school dropouts
- 16- to 19-year-old girls at the poverty level and below, with below average skills, are 6 times more likely to have out-of-wedlock children than their reading counterparts.
- Low literary costs \$73 million per year in terms of direct health care costs. A recent study by Pfizer put the cost much higher.



- 85 percent of all juveniles who interface with the juvenile court system are functionally illiterate.
- More than 60 percent of all prison inmates are functionally illiterate.
- Penal institution records show that inmates have a 16% chance of returning to prison if they receive literacy help, as opposed to 70% who receive no help. This equates to taxpayer costs of \$25,000 per year per inmate and nearly double that amount for juvenile offenders.
- Illiteracy and crime are closely related. The Department of Justice states, "The link between academic failure and delinquency, violence, and crime is *welded to reading failure*." Over 70% of inmates in America's prisons cannot read above a fourth-grade level

**Keep Your Son Out of Prison Have Him Read The Devil's Cauldron – If You Believe IN God You Do Not Belong IN Prison - And What You Must Do To Win- These Books Will Make Him Think -The Books Were Written For the Man With The Gun In His Hand – go to <https://touchedbythelight.us> Purchase The Books Today**



# We Need to Extend The Christian Reach into Prison to Help Men and women Learn to Read.

"When the Nazis came to power, I looked to the universities that prided themselves upon their intellectual freedom, and they failed me. I looked to the German press, which prided itself on the freedom of the press, and it failed me. Until at last the churches stood alone, and that for which I once had little regard earned my respect." **Albert Einstein, 1942, German-born theoretical physicist**

**Matthew 9:36-38** We, like Paul, need to have the compassion of Christ for those who are lost. God wants all people to be saved and to come to a knowledge of the truth.

We thank you for attending **The Women of Courage Show** discussion. We realize giving up a Saturday just to hear someone talk is a great sacrifice. So we thank you.

We have one goal today and that is to get your help in our quest to teach **men** in and out of prison to read in order to improve their thinking and problem solving skills and to help them further release their creativity in defining their reality and to become parents.

To demonstrate the importance of reading and how reading can shape a man or woman's life we present information regarding the type of men in prison and the effect of imprisonment on children. We have prayed that you will not only see the value of ministering to men in prison through reading but will also be persuaded to help.

We would like for you to do several things to support our efforts toward total literacy for the country.

- **Firstly, please share this notice with every member of your church, family and friend.**
- **Secondly**, please ask everyone to go to the **Youtube channel Touched By The Light Publishing and watch 4 videos, Touched By The Light Wall Project**. Once they watch the video ask them to ask their friend, family and coworker to also watch the videos. The video is in four parts so it can be watched in several sittings. We also would like everyone to visit our website <https://touchedbythelight.us> and watch an Intro video **and read the letters from prisoners** regarding our books that they received in prison. The videos and letters are quite revealing.
- **Third**, we would like for you to ask friends coworkers and family to purchase a set of books for the men and women in our Michigan prisons. These books were written to **stop the flow of men** and women into prisons leaving their children behind. No child should have to visit his or her father in prison. **These books will change the way a person thinks.**
- **Fourth**, we ask that you ask all members of your church to begin a **FAMILY READING CAMPAIGN. Why?** Two-thirds of students who cannot read proficiently by the end of the 4th grade will end up in jail or on welfare or prostituting on the street – males and females. The fourth grade is the watershed year. Parents must make certain their child can read competently by the fourth grade. If your child is struggling cut out the cigarettes, donuts at work or getting your nails done save this money and enroll your child in a reading program. If you are low on funds find the smartest child in class, ask his or her parents can their child teach your child to read. Pay the child \$5.00 per hour. You will be surprised at the results. Children learn from one another. Children can learn bad habits from one another, and children can learn good habits from one another. Go to the local library and see if there are retired teachers volunteering to teach reading. Do something! Drug use is not the answer. If your child does not know how to read by age 10, he is well on his way to prison or becoming a prostitute. Ask any counselor at a state youth facility. They will tell you boys enter their facilities at the age 11 for robbery, breaking and entering, purse snatching etc. Once the violent pattern has been established it is hard to break, therefore it is worth the effort to have a violence prevention program for your son, which means teaching him to read. Male children have a much harder time learning to read without the proper encouragement because their attention is directed elsewhere. Sports are a high priority; social competition and male dominance enters into the picture. Consequently, great emphasis must be placed on setting aside time for males to learn to read and to continue to read throughout adolescence. "It is

easier to build strong children than to repair broken men.” Frederick Douglas. Children must read read read; why because there are millions of parents who do not allow their children to play video games or to run after a ball. These parents command their children to study for hours every day of the week. These parents enroll their children in after school learning activities that encourage learning e.g., forensics. These will be the children your child will be competing with for positions in college and for jobs. How well do you think your child will be able to compete against a child that reads for hours seven day a week? There is a direct corollary between prostitution men in prison and reading. There is a saying, give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime. We say teach a man to read and he can teach himself not only to fish, but he can also teach himself anything else. A man can teach himself to fish if he knows how to read. Control what your child watches on television. Playing video games should be a reward after the schoolwork is done and a book is read. Proper sleep and nutrition are important in learning. No late-night television during school nights. Do not forget **you** are the example. What your child sees you do is what he or she will consider doing good or bad. If you want your child to read, you must have books all over your home. The books must be in the breakfast nook, on the couch in the basement in your bedroom on the coffee table and in the closet. Your child must see you read. He or she should see your face reading the evening paper. There should be books in the car. Young children should be given a book even if he or she cannot read. Give them the book and tell them to read it. What they will do is look at the pictures and describe what they think is happening in the story. Your interaction with their story telling is critical because you are confirming their ability to read. As the young child continues to story tell he or she will learn the appreciation of reading. While you are driving your child to and from day care or school give them a book to read in the car. Tell them your job is to go to work to earn money to provide for the family and their job is to go to school and learn. Tell them they are going to school so they can learn to read so they can make money where they will have a good future. Over and over again you must repeat this instruction.

- We request your help in providing comfort and support to children and their parents in prison. There are innocent men incarcerated in our nation’s prisons. We as Christians should provide comfort to these people.

**Why Learn to Read Early?** As a child learns to read, self-esteem and confidence increase, and grades improve--even in other subjects such as math and science. We must foster the success of your child and adolescents, both at home and in the community; **your life Starts Now** as soon as you pick up that book and read it. Did you know that two-thirds of students who cannot read proficiently by the end of the 4th grade will end up in jail or on welfare? Here are some literacy statistics with respect to America

## LITERACY STATISTICS AND JUVENILE COURT

- 85 percent of all juveniles who interface with the juvenile court system are functionally illiterate.
- More than 60 percent of all prison inmates are functionally illiterate.
- Penal institution records show that inmates have a 16% chance of returning to prison if they receive literacy help, as opposed to 70% who receive no help. This equates to taxpayer costs of \$25,000 per year per inmate and nearly double that amount for juvenile offenders.
- Illiteracy and crime are closely related. The Department of Justice states, "The link between academic failure and delinquency, violence, and crime is *welded to reading failure.*" Over 70% of inmates in America's prisons cannot read above a fourth-grade level.

## MANY OF THE USA ILLS ARE DIRECTLY RELATED TO ILLITERACY FEW STATISTICS:

- Literacy is learned. Illiteracy is passed along by parents who cannot read or write.
- One child in four grows up not knowing how to read.
- 43% of adults at *Level 1* literacy skills live in poverty compared to only 4% of those at *Level 5*
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- 90% of welfare recipients are high school dropouts
- 16- to 19-year-old girls at the poverty level and below, with below average skills, are 6 times more likely to have out-of-wedlock children than their reading counterparts.

- Low literacy costs \$73 million per year in terms of direct health care costs. A recent study by Pfizer put the cost much higher.

# The Effect of a Parent's Incarceration on a Child

by Sara Ipatenco, studioD



Children need their parents to provide a home, clothing, food and other basic needs. Parents also supply love and support, which children need for proper growth and development. When a parent is incarcerated, it can have a negative impact on normal development, as well as a child's mental health. Approximately 1.7 million children in the United States have at least one parent in prison, according to the Justice Strategies website. If you have a child in your life that has a parent in prison, knowing what effect this has will allow you to seek out the appropriate intervention to help support him or her through this time, as well as encourage normal development and overall happiness.

## Developmental Delays

When a child is separated from a parent, it negatively impacts proper development because the child is more focused on the absence of a parent than learning and growing. According to Michigan Family Impact Seminars, children with an incarcerated parent are less likely to learn self-control, independence and productivity. They are also more likely to display clinginess, academic deficiencies, language development delays, social withdrawal and regression behaviors, such as bed-wetting in potty-trained children, according to a 2007 article published in "Pediatrics."

## Poor Mental Health

When children have a parent in prison, it negatively impacts their feelings of happiness and well-being. In addition to missing that parent, children with an incarcerated parent are more likely to show symptoms of depression, according to "Pediatrics." Children with a parent in prison are also more likely to experience ridicule by peers and social isolation, which can take an enormous toll on their self-esteem and feelings of self-worth. Older children who are depressed or looking for attention are more likely to engage in risky behaviors, such as using drugs and alcohol or having unprotected sex, according to Justice Strategies.

## Bonding and Attachment

When a parent goes to prison, both the parent and the child miss out on key bonding and attachment time. In order to form a positive and close relationship with a parent, a child must have daily contact with his mom or dad. Having a parent in prison prevents a child from getting that one-on-one time. Over time, that can

cause a child to have difficulties forming relationships with others, including other adult caregivers and peers. Without at least one caring and responsible parent, many children experience low self-esteem and lack of an adequate support system to help them navigate the challenges of the growing up years. According to a 2002 report from the Department of Health and Human Services, not having an attachment to at least one parent can also lead to poor academic achievement, increased aggression and higher levels of anxiety.

## Additional Effects

Children with a parent in prison often experience regular nightmares, particularly if they watched their parent get arrested or witnessed the crime that led to the incarceration. Incarceration also forces children to grow up too fast because they're often left to take care of themselves and they're also exposed to adult issues that they shouldn't know anything about, according to Justice Strategies. This often includes a heavy load of chores, such as cleaning and cooking, when children should be focusing on school and getting plenty of play time. Children with an incarcerated parent are also more likely to live in poverty or abusive homes, as well.

## Scope of the Problem

Who is incarcerated and how many of those incarcerated are parents? According to recent estimates (Mumola, 2000), nearly 3.6 million parents are under some form of correctional supervision, including parole. Of these parents, almost 1.1 million are incarcerated in federal, state, or local jails. These parents have an estimated 2.3 million children. Alarming, the rate of parental incarceration has gone up sharply in the last decade. In 1991, there were 452,500 parents in state and federal prisons, with 936,500 minor children. By 2000, the number of parents in prisons had nearly doubled to 737,400, and the number of children affected rose by over a third to 1,531,500 (Mumola, 2001). Although the absolute numbers have increased, however, the percentage of state and federal prisoners with minor children has not changed over this time period. In 1991, 57% of prisoners had minor children; in 2000, 56% were in the same situation. Moreover, the increase in parents who became prisoners (63%) was similar to the rate of growth for non-parental prisoners (69%) a finding that suggests that being a parent is not necessarily a protective factor in reducing the chances of incarceration.

We thank you for your time and consideration. As you can see there are great consequences to people reading. Lives are improved or destroyed because of the ability to read. Join us in our campaign to help the men in prison change their lives by learning to read. If you are a poor reader or you are not proud of your reading skills go to your local library, ask for help and begin reading something every day. You can find several interesting essays on our website <https://touchedbythelight.us>. Give us a read – believe me the essays will help you through the day. Email us for more information [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com) **If you are seeking an outside activity email us – The Women of Courage Show meets twice a month- we need new people and new ideas. We are constantly looking for new ideas to change lives.**

UNICEF says that nearly a billion people will enter the 21<sup>st</sup> century unable to read a book or sign their name and two thirds of them are women. We need your help we can do something to reduce these statistics. We thank you in advance for your participation. When you read for knowledge, you can look forward to a better life. **1 Timothy.2:3-4** The man who is really saved he will have a concern and desire and burden for the salvation of others. He will see others as lost men and women who desperately need Christ. He will share in the desire God to turn men around. Thousands of people have sons and daughters or brothers and sisters in prison and they do not know how to help them. The Wall Project represents a start. Mass incarceration is the greatest social issue of our day. We must continue to try and make the world a better place. What are you prepared to do to save another man's life? We all know there are innocent men living in our nation's prison. There are veterans who lost their way living in our prisons and there are men unjustly sentenced living in our prisons. What are we to do about these injustices? Are we to sit and discuss the situation and let someone else fight the battle? Or shall we engage the enemy of ignorance and apathy for the lives of all men. © Women of Courage Show, WHPR 88.1FM Friday 3 to 4 pm – Sunday 8 to 9 am. <https://touchedbythelight.us>

It is Time to Fix Your Life  
Change is a Choice Past or Future What Will it Be For You.  
You Must Read This Article More Than Once  
The Truth Always Sound Like Lies To a Sinner  
**Taken From the Women of Courage Show 152**

**From: Minister Gloria G. Lee, Host of The Women of Courage Show**

Face it you are a poor thinker. The waste around you testifies to that fact. You have 2 to 3 children that you cannot adequately take care of. You have unfinished projects littering your house. You are depressed that is why you are drinking. You go to the bar and drink bemoaning your life. You don't have the guts to face yourself that is why you avoid seeking the services of a psychologist or a psychiatrist who can help you sought out your problems. You can fight depression with the help of a professional. The University of Michigan has done extensive work on depression.

You have been fired or quit most of your jobs. There is garbage and dirty clothes all around you. Your life disasters are all because you are a poor thinker. You are a poor thinker because you do not have **sufficient information to make most of life's critical decision**. You make your decisions based on comparisons, assumptions and the tid bits given to you by your stupid friends. You allow people who know less than you do to give you advice. How can someone who has never robbed a bank successfully tell you how to rob a bank? You keep listening to people talk about schemes where the **risk is greater than the reward**. Why would you be attracted to going to a store stealing clothes? This is really a stupid choice. You have children at home. What the hell is going to happen to your children if you are arrested? How are you going to explain your absence to them? A social worker is going to come and seize your children and you will never see them again. They will be lost to foster care. Why would you put your children through such a trauma? Your children do not need to be mistreated like that. Don't you realize this is 2021 and stores now have sophisticated surveillance equipment where they can arrest you before you get out of the store? Whoever gave you the idea of retail fraud should be left by the waist side. You need to leave that person alone.

Three young black men were just indicted for killing a man on a chance to earn \$500.00 each. They never got the chance to spend the five hundred dollars. They were captured shortly after committing the murder. Who did they kill? A man they did not know. The man was the new boyfriend of a woman who had once conducted a homosexual relationship with another woman. The rejected woman wanted revenge, so she decided to kill her ex-girlfriend's new boyfriend. Go on the internet you can read all about it. The men are pictured in the article. Just because you can't box or play basketball and you're stupid does not mean you have to end up dead or in prison. It is like that all black men think they can do have a successful life. They have to box, play basketball or football. If they can't do either of these things, they are worthless. A stupid, stupid assumption put in their minds by their father's expectations, or their mother's dream of wealth. Duh I can't play basketball. I can't play football. I can't box so I will never be successful. I will never amount to anything. Now consider this. If you are conducting a household with Black males shut the television off and give them a book to read. Being a football player is not the only dream job in life and surely it is not the only way to make money. Snoop Dog proved this. You do not need to be handsome or be able to dribble a ball to be successful. What one needs is to be able to read competently and to think clearly. Dr. Charles Drew and Dr. Alvin Puissant would make a fool out of the average footballer. Why because these men have great mental skills. They are not as rich as a footballer but they are damn certain can think rings around a footballer. Always appreciate intelligence over wealth and physical prowess.

Why would you leave your home armed with a gun with your buddy to rob someone when you do not know how much money the person you are robbing has? And you have no training firing a gun. Stupid! Two young Black men were just indicted for assaulting a man and a woman who were sitting in a car talking. Actually they beat the man where he is permanently injured and killed the woman because neither of these two people had any money. Everyday somewhere in America at least 3 to 4 black men in one trial are convicted and sent to prison for committing stupid crimes. You do the math. Yes, many Black men are

given longer prison sentences than White men but the point is **y'all walk into prison on your own**. The word easy just seduces you. You tell yourself you can easily rob a gas station or grocery store. You can easily steal an elderly lady's purse yet when she drops dead of a heart attack the charge of murder is tacked on to the charge of robbery. You need to realize the opportunity to steal is being narrowed. Within the next ten years bad actors will not have anyone to steal from. Various businesses and banks are pushing and pushing to eliminate cash from the system. Paperless transactions are more efficient and there is no danger of being robbed. It is time to change. You have to find another profession. Being a thief is not cutting it any longer. And you can forget about become a dope dealer because that profession is about to go out of business. Society is backing people who do not read up against a wall. You either develop a skill or you are going to starve. And the only way to develop a skill is you are going to have to learn how to read.

Most people do not carry money. Most people spend their entire paycheck electronically on bills within hours of being paid. Businesses now prefer cashless transactions. There is no room in society for petty thieves now. Small thinkers are being squeezed and shoved into prison. Pimping is now a truly dangerous profession now that pimps are being hunted throughout the country by the FBI and the Marshall Service. Sex trafficking has been raised to a whole new level. You need to take a serious look at yourself and how you are conducting your life. You either stand up and learn to read competently so you can train for a skill or watch your life go down the toilet and you end up in prison. I know you feel bad not being able to read. Ok feel bad for a few seconds then stand up and go to the library and ask the librarian to refer you to someone who can teach you to read. You do not have to talk this over with your stupid friends. Make up your own mind that you are going to follow a different path than smoking marijuana put a gun in your waist band and leave home to rob people.

Years ago, a young Black man did just that. He decided that he did not want to rob and kill people for their money, so he joined the navy. After he joined the navy, he decided he wanted to become a navy diver. But he had to overcome his inability to read. He found a woman that taught him to read. He learned to read then he was able to pass the aptitude test to become a navy diver. His career in the navy was not a nice one. He had to fight prejudice wherever he went but he fought all these obstacles and became a navy diver. The man's name was **Carl Maxie Brashear**. He was born in Kentucky January 19, 1931. He became a [U.S. Navy master diver](#), in 1970, despite having his left leg amputated in 1966. Mr. Brashear died in Virginia in July 25, 2006. When you get time, I want you to read about the first African American Naval Diver Chief Petty Officer [John Henry Turpin](#). He was born August 20, **1876**, when there were no opportunities for Black men. This is why Black men are so powerful they persevere under extraordinary negative circumstances and survive. This is why the Black man is hunted and shot in the back on American streets. He must be killed because regardless to what is put upon him he keeps surviving. Mr. Turpin died March 10, 1962. You need to pay attention what other black men did with their lives where they did not become thieves, pimps or dope dealers. You might as well make up your mind to learn to read. Yes, you can do. It will be hard, but you can do it. Reading and developing a trade is much better than spending 20 years in prison.

Think about it do you really want to spend 20 years of your life around 1,000 foul smelling men in a hot prison where you will not have access to an air condition, beer or pop. You will not be able to sit out on your back porch and look at the stars. Do not do this to yourself choose another profession chose another destiny. Choose a destiny of freedom. Yes, you are going to have hard time learning to read but after the initial difficulty it will get easier and you will find yourself enjoying reading. You will discover a whole new world that is opened to your though reading.

The Women of Courage Show broadcast from the studios of WHPR – TV 33 Highland Park, Michigan 48203 Friday from 3 to 4pm and Sunday from 8 to 9 am

Archives of The Women of Courage Show can be found on the Youtube Channel at Touched By The Light Publishing

It is Time to Fix Your Life  
Change is a Choice Past or Future What Will it Be For You.  
You Must Read This Article More Than Once  
The Truth Always Sound Like Lies To a Sinner  
**Taken From the Women of Courage Show 160**

**From: Minister Gloria G. Lee, Host of The Women of Courage Show**

A couple of months ago I recorded a show entitled if is time for you to fix your life. I began by saying the following Face it you are a poor thinker. The waste around you testifies to that fact. I emphasized that your problems in life were stemming from a single issue, your lack of knowledge. You are a poor thinker because you lack the knowledge to make good decisions for yourself and your family. You do not have enough information stored in the mind to call upon when you have to make critical decisions. The results of one's actions are a testament to how one thinks. When all you see is devastation around you and your children are maladjusted this is a symbol of your inability to think well. You need help. You need to be led to an era where you begin to accumulate knowledge. The issue was you were a poor thinker. Say this to yourself I am a poor thinker because I do not have enough information stored in my mind to make crucial decisions. So, in order not to be a poor thinking I need to go find the information I need to conduct my life so my children and I can live a better life. Now I am going to repeat the intro to the show 152 so you can listen to what I had to say again. This will help you I suggest that you go to our **Youtube Channel Touched By The Light Publishing** and listen to the entire show 152. Now here are the first few minutes of that broadcast.

Face it you are a poor thinker. The waste around you testifies to that fact. You have 2 to 3 children that you cannot adequately take care of. You have unfinished projects littering your house. You are depressed that is why you are drinking. You go to the bar and drink bemoaning your life. You don't have the guts to face yourself that is why you avoid seeking the services of a psychologist or a psychiatrist who can help you sought out your problems. You can fight depression with the help of a professional. The University of Michigan has done extensive work on depression.

You have been fired or quit most of your jobs. There is garbage and dirty clothes all around you. Your life is a disaster all because you are a poor thinker. You are a poor thinker because you do not have **sufficient information to make most of life's critical decision**. You make your decisions based on comparisons, assumptions and the tid bits given to your by your stupid friends. **You allow people who know less than you to give you advice**. How can someone who has never robbed a bank successfully tell you how to rob a bank? You keep listening to people talk about schemes where the **risk is greater than the reward**. Why would you be attracted to going to a store stealing clothes? This is really a stupid choice. You have children at home. What the hell is going to happen if you are arrested? The social worker is going to come and seize your children and you will never see them again. They will be lost to foster care. Why would you put your children through such a trauma? Your children do not need to be mistreated like that. Don't you realize this is 2021 and stores now have sophisticated surveillance equipment where they can arrest you before you get out of the store? Whoever gave you this idea you need to leave that person alone

Are you not tired of living the way you are living and feeling inadequate? Over the last decade, it has become harder and harder for you to survive. It is now 10, 15 years since high school and you still eeking out a living.

Ok if you are sick and tired of your life then you need to fight for yourself. Look around you. If you are sick and tired of the people you see every day, the houses you see, the old cars and rats and roaches then stand up and do something with your life. Are you not tired of having no air conditioning? If you are tired of the same old life then you need to change. It is as simple as that. You need to face yourself and your flaws and change. Make up your mind that you are not going to live another day being miserable that you are going to do something about your life. Face the fact of what you do not know. Face that you do not know how to catch up with everyone else.

Your friends have left you behind because you do not read or can't read. They left you behind because all you think about is having a good time drink and smoking marijuana and going to the bar every weekend. You hate the children of the woman you are living with, but you can't leave her because you don't have a job. You are working two jobs because you do not read. Every month you are worried that you can't meet your bills. You are driving an old raggedy car. You are spending money that you do not have trying to impress people that you are affluent that you are somebody when in fact your credit is bad. You are over your head in debt, and you will bed any man that will give you a dollar. Your children are suffering at home and at school because you do not read.

Get it through your head that you must learn to read, and you must continue to read for the rest of your life. Get it through your head that you need an education. You may have to start small at a junior college or a trade school but that is better than not trying to educate yourself at all. It is better than ignoring what you need to do to better your condition. Reading is how people get ahead. Reading will get you a better job that pays more than what you are now making. Reading is how people invent items that the world needs and purchases. Reading is how new inventions are designed. Reading is how people graduate from college and go on to purchase a new car and house. Reading is how one man marries the woman he wants, and the non-reader gets the leftovers. This equally applies to women. What man do you think will want you when you have nothing to offer him except sex? He can get that anywhere. He can get sex at a bus stop.

You walk around every day with hatred in your heart for the men and women who are living the life you wish that you could live. You are envious and jealous, and you do mean things to people just to make yourself feel better. You try to bed your best friend's wife because you are jealous of him because you know he is a better man than you. He is meeting his obligations as a father and a husband. You want to destroy his life because you made a mess of yours. You did not have the courage to fight for your dreams, so you are mad and envious of your best friend because you are a failure. When what you should have done was learn from your failure and move on with your life dumping your idiotic thinking friends and seeking out people who actually know more than you so you can learn from them. You can have a conversation with an intelligent person and learn at least five new words a day. You can learn the problems associated with buying a house by talking to realtors. You can learn about insurance by talking to people who work in this field. The people who come into your restaurant have lives many are professionals. People love to talk about themselves. Learn to be a good listener. You must take advantage of being a waitress or a waiter.

Are you not tired of pulling your panties down for men and getting nothing for it? Are you not tired of the hollering and screaming at your children and men passing through your life? Are you not tired of shady people and all the abortions you are having? Are you not tired of dancing in the bars pretending dancing is a great job. Are you not tired of wallowing in self-pity? Are you not tired of lusting after your best friend's wife because you are jealous of him?

Are you not tired of being hauled into court to pay your child support? Are you not tired of not being able to qualify for a job that will pay you enough to live decently? You still don't know what to say to your son after 15 years of neglect. You had great expectation for yourself that you never met now you are beating your wife, your girlfriend or your children depending on whether you are a male or female. You were not interested in college or a trade school. All you wanted was to make some fast money. Working at McDonald's or Wendy's was too lame for you, so you decided to dance at a bar. How did that work out for you? Or you were a male drifting from one low paying job to another. Not once did you ask yourself, what do I really want out of life for myself. You never went to the library seeking help to learn to read. You kept following the crowd. You never pictured yourself as a father fulfilling your responsibilities as a dad. You were short sighted. You were impressed with your loudmouth friends. It never occurred to you that everything your friend's thought they knew about the world might be completely wrong. You did not stop and notice when your friends begin disappearing from the street showing up in prison for the next 15 to 20 years. You dabbled in being a criminal. In fact, you bounced around from trying to rob people at night to working at a fast-food place. But being a criminal was not quite your style. Throughout your life you

allowed yourself to be seduced by the word easy. Now how many of your friends are going to prison for the rest of their life because they refused to bring thoughts under control so they could learn to read and go to a trade school so they could develop skills take care of themselves for the rest of their lives. The choice was staring them in the face trade school or prison.

But you did not have the courage to walk away from the cowardly friends believing you did not want to be alone. You wasted years following those idiots. Now you almost forty and have nothing to show for your life. Since we are talking, I have a question for you

Why do you think you do not matter? Why are you not a member of an organization trying to change the world? Why do you go home every night and stuff your face with food? Why are you not trying to develop yourself and your life? Why don't you go and see a psychologist and ask for help when you feel bad? Why do you insist on following foolish women who sell their bodies thinking sex money is easy? Selling your body is not smart. In fact selling your body is stupid. Women are still dying of Aids.

When you are the lowest on the totem pole you need encouragement. That encouragement can be found in the book *You Are The Prophet of Your Life*. **The book is a recipe for change.** You can purchase the book online at <https://touchedbythelight.us> or send your check or money order to Women of Courage, PO Box 7688, Bloomfield Hills, Michigan. Then start listening to The Women of Courage Show at WHPR 88.1 FM every Friday from 3 to 4pm and every Sunday from 8 to 9 am. The books can also be purchased at WHPR 160 Victor Street, Highland Park, Michigan 48203



## Why Is Breast Cancer The Most Common Type Of Cancer?

Posted on April 20, 2021 by **Henry Ford Health System Staff**

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While 99% of [breast cancers](#) are diagnosed in women—and 1% are [diagnosed in men](#)—breast cancer is the most common type of cancer, with [lung cancer](#) trailing behind as the second most common type of cancer.

“One in eight women will be diagnosed breast cancer,” says [Theresa Schwartz, M.D.](#), a breast cancer surgeon with Henry Ford Health System. “As the population grows, so does the rate of breast cancer. We don’t, however, have any scientific evidence explaining why breast cancer is more common than other types of cancers.”

While breast cancer is more common than [lung cancer](#), lung cancer is more deadly than breast cancer. Incidences of death from breast cancer have been decreasing, likely thanks to increased awareness about breast cancer, earlier screenings and more effective treatments. According to the [American Cancer Society](#), from 2013 to 2018, the death rate decreased by 1% per year.

While there's much we don't know about why breast cancer is so prevalent, we do know important risk factors. "[Being a woman](#) and getting older, since the majority of breast cancers are diagnosed in women over the age of 50, increase the risk of breast cancer development," says Dr. Schwartz. "After that, the biggest [risk factor](#) relates to your family history. Having a first-degree relative with breast cancer, like a mother or sister, puts you at higher risk. Although not frequently seen, having a genetic mutation, such as carrying the BRCA1 or BRCA2 gene, two genes linked to breast cancer, also puts you at higher risk."

These risk factors are important to be aware of so that you can talk to your doctor and ensure you are undergoing appropriate [breast cancer screenings](#).

## Breast Cancer Risk Factors That You Can Control

While the above factors are out of your control, there are also certain risk factors for breast cancer that you can control:

1. **Body fat.** Women who are overweight or obese have a higher risk of developing breast cancer than women who are at a healthy weight. But it doesn't just come down to the number on the scale. Ensuring that you having less body fat and more muscle is what will help decrease your risk of breast cancer.
2. **Alcohol intake.** "We recommend an average of no more than one [alcoholic drink](#) per day," says Dr. Schwartz. "Consuming more than this increases your risk of breast cancer."
3. **Tobacco use.** "[Tobacco](#) has no health benefits, only risks," says Dr. Schwartz. "When it comes to breast cancer—or any cancer—there's no safe amount of tobacco. I always recommend complete cessation of all tobacco, including vaping."
4. **Combination hormone therapy.** Combination hormone therapy (or estrogen plus progesterone) increases someone's breast cancer risk. "I recommend minimizing the use of combination hormone therapy as much as possible," says Dr. Schwartz. "Complete cessation is the most effective."

Lastly, as always, [diet](#) and [exercise](#) are important factors in reducing your risk for [breast cancer](#), as well as many other diseases. "Get your [heart pumping](#) regularly, [get enough sleep](#), and eat plenty of fresh fruits and vegetables," says Dr. Schwartz. "These are some of the most important investments you can make in your health."

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*To learn more about your own risk factors, take our [Breast Cancer Risk Assessment quiz](#) at [henryford.com/breastcancerrisk](#).*

*To make an appointment with a cancer specialist, visit [henryford.com/cancer](#) or call [1-888-777-4167](#).*

*[Dr. Theresa Schwartz, M.D.](#), is a breast cancer surgeon with Henry Ford Health System. She sees patients at Henry Ford West Bloomfield Hospital and Henry Ford Wyandotte Hospital.*

# Physical Activity May Help With ‘Chemo Brain’ in Breast Cancer

September 7, 2021

[Antonia DePace](#)

*Moderate-to-vigorous exercise before and during chemotherapy for breast cancer may help with cancer-related cognitive decline, highlighting the importance of physical activity throughout treatment.*

Patients with breast cancer who completed at least 150 minutes of moderate-to-vigorous physical activity per week before and during chemotherapy had better cognitive function once they completed treatment.

The benefit of physical activity related to cognitive function persisted for six months after chemotherapy completion, according to the study published in the *Journal of Clinical Oncology*.

“Cancer-related cognitive decline is a growing clinical concern and it's very common, most patients will experience some degree of cognitive deficits throughout their cancer experience. ... We call it chemo brain. It's important for us to identify methods of preventing this decline, if possible. And, ideally, those methods will be cost effective and easy for patients to do,” Elizabeth Salerno, an assistant professor of surgery in the division of public health sciences at Washington State University School of Medicine in St. Louis, Missouri, said in an interview with CURE®. Salerno was the lead author on the study and also holds a post doctorate in kinesiology with an emphasis in exercise psychology.

Cancer-related cognitive decline, or “chemo brain,” can present differently depending on the patient, according to Salerno. Common symptoms include foginess, difficulty concentrating and forgetfulness.

In the study, Salerno and other researchers measured physical activity and cognitive function before and during chemotherapy, and then six months after treatment was completed. “We saw a robust association between high levels of pre-chemotherapy physical activity, as well as maintaining high levels of physical activity during chemotherapy, with better cognitive function over time,” Salerno explained.

Some of the most common methods of physical activity reported by patients from the study included walking, household chores and gardening. “I think that really speaks to opportunities to be physically active in a patient's daily life. There are numerous ways to increase activity levels that don't necessarily have to look like the traditional exercise regimen,” she added, noting that patients with cancer who are considering starting a new exercise regimen should consult with their physician first.

Parking farther away from the grocery store and walking up the steps instead of taking the elevator are two other ways to easily implement more exercise into daily life. Patients can also discover other ideas from their health center and survivorship program.

Salerno did note, however, that the strongest association they saw for cognition in this study was with moderate-to-vigorous physical activity. To determine the intensity of physical activity, she recommended the “talk test.” “If the patient is exercising at a moderate intensity, they can hold a conversation while they're exercising, but they can't sing. It moves to vigorous exercise is when it's difficult to still hold a conversation while exercising. So that's a nice gauge for patients to identify the intensity of their exercise,” she explained.

During COVID-19, when immunocompromised patients strive to be active in a socially distanced and safe way, Salerno recommended trying different activities. These can include using objects around the house as weights (laundry detergent bottles, soup cans, gallon water jugs) for muscle strengthening routines or playing with the dog in the backyard.

“The only other thing I should say about trying to be active in the middle of a pandemic is for patients to show themselves grace,” she concluded. “Oftentimes, as we work towards a new health behavior, our progress is never linear, so there will be setbacks. ... Right now, with the pandemic, we are facing all of these challenges together, and so being patient with ourselves and others is important.”

For next steps in this study, Salerno said that randomized controlled trials would be important to confirm whether intervening with physical activity before or during chemotherapy could improve cognition.

For more news on cancer updates, research and education, don't forget to [subscribe to CURE®'s newsletters here.](#)

<https://www.curetoday.com/view/trodelvy-associated-with-better-benefits-than-chemo-in-metastatic-triple-negative-breast-cancer-regardless-of-agent>

## Children left Motherless

Taken From the July Issue of the Detroit Native Sun

From: Minister Gloria G. Lee, Host of The Women of Courage Show

This is Minister Gloria Lee. Last month I put an ad in this paper asking the readers to go to the websites <https://nisv.info> and website <https://touchedbythelight.us> and download the booklet **Black Women and Breast Cancer** then send the pdf file to five other women asking them to do the same. I got absolutely no replies to this request. So, I am submitting this short article to demonstrate the effect that death has on children especially the death of their mother. Breast cancer must be fought all year long.

For every woman murdered there is probably a child left behind. That child will be raised by a relative or placed in foster care. If placed in foster care the child languishes until adopted. Children who have lost their mothers due to murder do not always fair well even if adopted. Parentless children suffer. How would you like to be told your mother was murdered because your father was angry that the court gave her custody of you? These children suffer from being left behind. It does not matter how many uncles, cousins, sisters or brothers a child has; nothing takes the place of a parent. The function of a parent is to give a child a feeling of security and placement. No individual can take the place of a parent. The parent is the rock for the attachment of the child. A parent is the child's strength. A child is able to say no when a parent is present. The child is able to make choices and negotiate when their parents are present. Their sovereignty is taken away from them when they are motherless. Parents are the resolution of life for children and no child should be made to live without his or her mother.

This nation apparently does not understand or does not want to understand the devastation visited upon society when the mother is missing from the home. Children need their mothers, and they should not have to suffer all their lives by having their mothers taken away from them. There has been enough posturing by politicians in this country for the past century. The problem of violence against women must be solved. Living without a mother is worse than living without food or water. Social scientists can design thousands of grieving programs for children who have lost their parents, but nothing will replace the pain and void a child feels in not being able to see his or her mother again. There was a man sitting in a bar during a fund-raising event. When he learned money was being collected for a little girl because her mother was recently murdered, he openly wept in that bar. He said the child's life would never be the same, he knows because he had to live without his mother. Do you realize how powerful the pain was inside this man for him to weep openly in a bar? He was not only crying for that child he was crying for himself.

It will only take five minutes of your time to download the pdf file **Black Women and Breast Cancer** and send it to five friends. You can help save a life. Early detection of cancer is important. There are two major killers of Black women, murder and breast cancer. Women can be instrumental in saving women in both of these situations. Sticking your head in the sand and ignoring this problem is no solution. Standing up and facing the monsters' confronting us is one solution and for your information sticking children in foster care leads to prostitution and prison. Our radio show deals with social issues. It will not hurt you to listen. Why because some of the information discussed may help save your life and the lives of your children or family members. There are monsters walking our streets ladies and we need to stand up and fight them.

**Breast Cancer and The Black Woman**  
**Taken From the August Issue of the Detroit Native Sun**

**From: Minister Gloria G. Lee, Host of The Women of Courage Show**

For the past two months I have discussed Breast Cancer and Black Women. Recently, it occurred to me that I had not heard from males in the area. Not one man has written or called me for information on breast cancer nor has any male volunteered to help with our breast cancer campaign. This caused me to wonder why. I hope the answer is not that males think breast cancer is a women's issue. It is not. It is a family issue. It is a marriage issue. It is a community issue. It is an issue that concerns us all. The loss of one member of our community is devastating; everyone is affected by death either directly or indirectly. The death of a parent can lead to angry children and devastated husbands. The death of a parent can lead a child to criminal behavior. Breast cancer is serious business not just because of the death but because of the aftermath, the horror breast cancer leaves behind. Therefore as a community this disease must be fought at all costs by all of us.

You have mothers, sisters, cousins, aunts, grandmothers, great grandmothers, and granddaughters all at risk for breast cancer. Yes, women die of other diseases, but breast cancer is the most insidious disease of them all. I noticed I have not seen one man download the pdf file **Black Women and Breast Cancer** and send the file to any of his female relatives or friends for that matter. Why? You are concerned. So, I would like for you to participate with me. Go to <https://nisv.info> and download the pdf file **Black Women and Breast Cancer** and send it to 5 of your friends. Also please sit down and read the booklet. It is filled with information. One of the most important things about the disease is that we understand it. By understanding the disease, we can ask more informed questions of our doctors. Do you know how many people die or are injured each year because they take medication improperly? There is a reason why pharmacists insist on putting warning in with our medication. Therefore, it is important that you learn to read. Medication errors is a problem with people who cannot read and/ or are afraid to ask their doctor questions because they do not want to appear stupid.

When you go in to see your doctor it is not your job to try and impress him or her you want their talents to impress you. So, if you do not understand something say so and ask all the questions you need to feel comfortable taking your medication or understanding your illness. The same with your pharmacist ask him or her questions until you feel comfortable taking your medication and you know how to take your medication properly. I received a medication in the mail. I did not know how to take it. I read the directions, but it was not clear to me how to take the medication properly. I was truly frustrated because I knew I was a competently reader. I drove down to the VA Medical Center and asked the pharmacist to show me how to take my medication. The pharmacist did not say a word, but she came out, sat down and demonstrated how I was to take my medication. And she discussed the actions the medication would have on my body. I left knowing more than I did when I arrived. On another occasion I received a phone call from a pharmacist she told me to immediately stop taking two of my medications because there was a contradiction. Both medications had been prescribed by doctors, but it was the pharmacist that noted the error. So do not feel stupid asking questions of your doctor or pharmacist that is their job to help you with the care of your body. Therefore, the booklet **Black Women and Breast Cancer** is so important. It is filled with information. The information is presented in such a way as to make you aware of what you do not know or understand, this awareness should prompt you to ask questions of your physician. All cancers are not the same. Therefore family history is so important. The booklet was also written to let Black women know that their cancer can be more virulent and more progressive than others. The book was also written to inspire Black women to become more involved in the research of their particular breast cancer. Who is doing the research? Where is the research being conducted and how is this research being funded and by whom? I believe we can have a significant breakthrough with cancer if Black women become more aggressive in funding research. So why not join us and support our campaign. Please see our advertisement. We have great gifts for men.

## **Your Significance As a Mother You Must Value Your Children Taken From the Women of Courage Show 162**

**From: Minister Gloria G. Lee, Host of The Women of Courage Show**

“There comes a moment when you realize that there are no more chapters left in the book of your (current) life and it’s time to start a new book.” Malebo Sephodi

It is possible for any person to mother a child but being a mother is a lifetime job and privilege. Mothers have a significant role to play in every child’s life. It is a role that can never be filled by any other person and tends to impact hugely on the child thus aiding in molding him or her. Today’s society is filled with women who act without thinking of the possible consequences only for them to end up regretting once the deed is done. One thing you must understand there is no action that you take that does not affect your children that includes taking birth control pills or to drinking at the neighborhood bar. Everything a woman does affect her child. Everything! Some women seem to think their lives are separate from their children when it comes to men, when it comes to bringing unrelated males into the home, it is not.

This article aim is to discuss the significance of mothers in their children’s lives and the role played by mothers in determining their children’s ultimate outcome. A woman’s actions, whether big or small tend to affect their child’s life significantly. Mothers are pillars in the development of a child’s emotional well-being. Children depend on their mothers to set the rules and implement them. They equally depend on their mothers to enable them to have a sense of physical security as well as psychological and emotional security. A mother who conducts herself with the kind of decorum that is expected of mothers tends to positively influence her children. Yes, poverty plays a role in a child’s development, but the main impact is the mother. This goes a long way in impacting her children since such a child will always want to make his or her mother proud. Poverty can be mitigated by a mother’s behavior especially when she involves herself in planning a way out.

What this means is that mothers tend to set the bar for their children. The higher the bar set by a mother, the better the child’s outcome consequently when mothers begin teaching their children to read at an early age this greatly impacts a child’s language development. Therefore, mother should fill their houses and cars with reading material. The car becomes a classroom. Children should always be told it is their job to go to school and learn and it is your job to go to work and make money. You are giving the child the responsibility for learning, and you are letting your child know you have expectations for him or her. You each have your respective jobs.

Getting involved in criminal activity or immoral behavior just means that you are setting a very low standard for your children. These kinds of parents almost always end up in prison thus leaving their children with no mother figure or mothers who are not involved in any manner. Here the problem is the word easy. Almost all criminals think whatever they want to do that is criminal is easy. Criminals get seduced by the concept of an easy score, obtaining money is easy. Three men in Detroit thought it would be easy to steal a man’s car. The car had expensive wheel coverings. The men assumed that everyone in the community would take the carjacking and murder as just another crime committed in the city. Well, they did not. The carjacking and murder took place December 24, 2015. The man they killed was Anthony Tolson. Mr. Tolson was killed the evening before Christmas after he finished playing bass guitar at a church service. He was on his way to visit his three children when he was carjacked and killed. Anthony Tolson was shot and killed outside a store on Gratiot south of 8 Mile Road. Tolson had just finished performing at a church service and had stopped at a market when he was ordered out of his Chevy Trailblazer, shot, and killed. The suspects took his SUV which was packed with presents for Tolson’s three children along with his bass guitar and other equipment.

The community rallied. People said they were tired of the violence; people when door to door passing out flyers asking for information regarding the murder of Mr. Tolson. The community vowed to help the police find his murderers. Mothers of Murdered Children passed out flyers. Rev. David Bullock passed out

flyers and told the community the killers are still at large, “we don’t want them to strike again – we need somebody to give us a tip that will lead to their arrest,” by January 26, 2016, three men were arrested. 35-year-old Charles Cox along with his codefendants, 28-year-old Devan Williams and 18 year old Darnell Gene-Arthur Young were arraigned on first degree murder, felony murder, carjacking, armed robbery and firearms. Crime committed December 24, 2015. Apprehended January 26, 2016.

Three men killed Mr. Tolson because they thought they could sell the rims of Mr. Tolson’s car for \$1200. This was an absolutely stupid crime. If they did succeed in getting \$1200 for the wheels, they would only net \$300 apiece. You can earn \$300 working at McDonald’s and not have to worry about being arrested and going to prison. The brutality of the crime was horrendous. Mr. Tolson was shot 3 times and kicked while he was on the ground. Mr. Young told the investigators what he had done. Charles Cox, 33 was sentenced to life in prison without parole after being convicted of first-degree murder and other charges. Devan Williams, 28, pleaded guilty to second-degree murder and was sentenced to 11 to 40 years in prison. Darnell Young of Inkster was sentenced to 33-60 years in prison for second-degree murder after he pleaded guilty. What these men did was depraved. What needs to be asked is how they got this way. **When did they develop an evil soul?** When did they decide their life was worthless and why did they decide they should gamble on winning a stupid proposition? How many times were these men offered a book to read as a child, how many times were they taken to church, how many times were they told stealing is morally wrong, how many times were they told as a child that they must learn to read so they can find a job to support themselves. How many times were they taught to think? How many times were they told as a child that nothing is easy that the illusion of easy is myth? That nothing in life is easy. That people who thinks stealing is easy are stupid.

The only thing these three men accomplished December 24, 2015, was the death of Mr. Anthony Tolson. These men made their lives worthless by thinking stealing and murder was easy and that no one would know. These three men killed Mr. Tolson December 24, 2015. They were in custody by January 26, 2016, and all of them were sentenced to prison by August 24, 2016. Little did they know that they would be behind bars in less than 30 days after committing robbery and murder? This is normally what happens to men who are seduced by the word easy. They commit a crime and in less than a month they are behind bars to stay forever. Many of these men do not even get the opportunity to enjoy the money they thought they would realize from the crime. Listen to our show and we will tell you case and after case where men have given away their lives to commit a crime where they realized nothing in return. Two men were told if they would kill another man, they would get \$500 each. They killed the man, but they were arrested before they could get paid the \$500 both men were under the age of 24.

What you fail to realize as a woman is that an involved mother promotes their child’s inner growth and strength. Parents need to talk to their children over and repeatedly about men committing foolish crimes. You must talk to your children about the field of work, finding their niche in society. Over and over again you must discuss these topics building strength in your children every day. You see, according to the numerous studies that have been conducted on this subject, it has been established that when mothers are affectionate and supportive, it significantly impacts a child’s cognitive and social development. It equally instills a general sense of well-being and self-confidence. Once you bring a child into this world it is your conduct that matters. It matters what you do and what you do not do. You owe your child the best that you can produce in your life. Your obligation to your child cannot be negated. Regardless of how angry you are at your life; you made the decision to have that child so you might as well pick up the burden and do something with it. Because regardless to what you do you will either face your failure or face your success in life. If you need strength and help, there is always God. Why not try God for direction and understanding? Read the book, **It is Time To Try God**. You need to make up in your mind what kind of woman you are going to be. You need to learn to read, the more you read the more you learn. You need to find a job, buy a car, leave your ignorant friends alone, especially those friends who think stealing, lying and cheating people is easy, move out of the old neighborhood do not tell anyone where you moved, change your phone number, find a church so you can get weekly encouragement decide on an education find a school work hard seek a tutor if you need help graduate find a house in a decent neighborhood and raise your child all while you are reading books that provide you with information.

Seek people who are trying to improve their lives, not women who spend their lifetimes in bars looking for men. Be clean about your mind and body. And please stop trying to think of ways to negotiate with your body. You are trying to raise children so you must be a good example; therefore, you do not bring unrelated males in your home. If you must have sex, screw them in the alley and go home to your children. That is correct. I said it, if you must have sex screw the men in the alley and go home to your children. Be respectful and seek people who think as you do. Remember the most powerful influence on a child's life is your conduct. Your first step is to get yourself out of the deprived environment I do not care if you have to sleep on the floor in a decent apartment complex. Make certain you pay attention to all males living around you. Remember everyone that smiles is not nice. Career rapists smile. You do not want your child around people who think less than themselves who have criminal minds I do not care if these people are your family. An ignorant person is the most dangerous person in the world. No one is more dangerous. You need a decent place to stay, a decent babysitter, a job, and a car to stabilize yourself. Read and come up from poverty. Develop more than one skill. Have more than one occupation. You can sell house part time be a real estate salesperson or you can learn to fill out tax returns and do that part time along with your other job. The important thing here is to think and stop trying to negotiate with your body. Why, because the very man you bring into your home over your children will either rape or kill your children or kill you while your children watch.

Remember you are the most important person in your child's life, so you need to start acting like it. Do not be afraid of ashamed of manual labor. You can do day work. You can clean a house and have your children with you. You do not care what anyone thinks about your doing day work on the weekend or evenings. That extra money can help you pay your car note or your utility bills. Remember no credit except for a car. And save every penny you can without telling anyone. Always save. Above all **you must value your children not just in words but in deeds. No man is to come before your children. No man. We are going to spend some more time on the subject of motherhood later this year. When you have time I want you to go to Youtube and watch the video, A starving baby elephant gets the second chance to live.** Take a good look at the baby elephant. He looks absolutely horrible. Like no one loved or wanted him. He is this way because he had been without his mother. Baby elephants need to feed off their mothers for at least 5 years before they can feed on their own. They are also taught to protect themselves in the wild by their mothers not their fathers. Look at the condition of this elephant this is the same condition your children will be in if you die and leave them. Think about this every time you make a decision.

If you are dissatisfied with your life changing it is a sign of mental health. A person's mental wellbeing depends on their ability to cope with external pressures that requires inner strength now if that inner strength is diminished then the ability to cope is weakened then the world becomes a hostile place a place to withdraw from or lash out at. The smallest thing can provoke either response. Think about it what you chose to do today will enrich the quality of your child's life. Make a substantial investment in your child add to his or her growth. Make a difference in your child's life by reading. Your children are waiting to see what you are going to do. Each day they wait. **What if you could plan your life? Be more cautious; more deliberate in your actions; more selective in your friends more selective in who is admitted to your home. What if you adopt specific behaviors to never do? Would your life be much better?** With respect to reading as with most things if you repeatedly tackle a challenging task, it inevitably gets easier. Before long it's just a habit to master but the reverse is also true if you continually circumvent a particular challenge, you build a habit of avoidance. This is why most people who have difficulty reading just avoid reading all together.

Think of reading as food for the mind. **Some of the benefits of reading are increase your knowledge of various subjects. Reading can improve your memory and ability to think analytically and improve your writing skills, increase your vocabulary. Reduce stress improve your tranquility. All of these benefits will enhance your life.** Immerse yourself in a topic. Let's say the topic of breast cancer. See how much you can learn about this topic by reading rather than discussing the topic with your girlfriend who may not know as much as you.

When you left high school, you never envisioned yourself spending time in jail. You never envisioned yourself as a drug courier. You never thought you would burglarize a house or guard a dope house holding a shot gun. You could have avoided all these jobs if you had learned to read. All you must do is learn to read competently after which you can seek to learn a trade or profession. You need to change environments and you need to change friends. Wisdom is defined as: the quality or state of being wise; knowledge of what is true or right coupled with just judgment as to action; sagacity, discernment, or insight. How wise are you going to be today? Are you going to change? Are you going to start living your life responsibly being respectful of yourself and others? Are you going to make peace with your wife and stop fornicating and lying and cheating your customers and friends? How righteous are you going to become or are you going to wait until old age and say God forgive me for all the sins, I have committed against myself and others. Are you willing to visit your son in prison and watch your daughter prostitute herself on the street all because you refused to change, grow up and take control of your life and stop following the wishes of others? We all have a fleeting moment of time to decide the man or woman we want to be. Your time for deciding is now.

That is correct you need to make the decision to change right now and develop a plan on how you are going to reach the goals inside of you; how to realize your dreams of a life, a career, marriage, and fatherhood. Of course, it will be hard, but you do not have to let poverty define you. Pick up a book and read how other men fought and won over life. There are thousands of examples of successful men you can follow. Just pick up a book and start reading and never stop reading and dreaming. Turn your ears from men who speak hatred and violence. Unless you want to die on your knees allowing someone else to control your destiny you need to stand up, go back to school and commit yourself to protecting your children and raising yourself from poverty and ignorance. There is nothing wrong with falling in love, marrying having children just do not forget your mind. Your mind requires nourishment each day. So, turn off the television set and pick up a book and make it a habit to read at least one book a month. Reading will keep you sharp and abreast of what is occurring in the world and what others think. Even God believes in reading, "devote yourself to the public reading of Scripture" 1 Timothy 4:13

One of the greatest quotes of all was spoken over a hundred years ago on reading but it still applies today is; "**Knowledge makes a man unfit to be a slave.**" Frederick Douglass. Every tyrant in history has discouraged learning. Hitler in all his glory burned a library filled with books. Stalin controlled the schools in Russia. These men knew it is easy to control a man who is not knowledgeable. You can get a man to believe in voodoo, magic and even little green men if he is kept ignorant. My God let man be educated and the shift in power. Bridle your mouth, Harness your dark emotions, pick up a book and begin to put information into your mind. Here are two other quotes by Frederick Douglass. "Power concedes nothing without a demand. It never did and it never will. Find out just what any people will quietly submit to and you have found out the exact measure of injustice and wrong which will be imposed upon them, and these will continue till they are resisted with either words or blows, or both. The limits of tyrants are prescribed by the endurance of those whom they oppress." "One and God make a majority." — [Frederick Douglass](#) If you want to be inspired all you have to do is read. Frederick Douglass was born Frederick Augustus Washington Bailey. If you were a reader, you would know this.

It is time for you to decide; no more procrastinating, no more hedging, or waffling from side to side. It is time for a decision and for you to obey the Holy Spirit. Are you going to stand for Christ or are you not? Are you going to live your life in harmony with the Lord or in chaos with the world? It is a simple decision. It does not require much discussion. Are you going to walk with God or are you going to walk with the world? If you consider the benefits the decision is not difficult. God offers you the light and the world offers you darkness. A new you can change an impossible situation.

Some day you are going to believe someone. That is correct some day you are going to believe someone; and day that will be the day that you decide what you will become for the rest of your life. Who have you decided to believe? Do not listen to the world that questions the existence of God but take God's hand and walk into your destiny. Turn your life around by making God your friend. Only God has the power to speak into your future not the world. The world says there is no way out; yet Jesus says I am the way.

Your future is decided by who you choose to believe and trust. Do not doubt He who you cannot see. You have a GOD in your life. Welcome Him into your home and let him reside in your spirit.

I included a short discussion of the book **Know Your Enemy** during this broadcast because I wanted to get you to start thinking offensively. Survival must always be the utmost on your mind. It is critical to the welfare of your children that you now and then take a look around you at home and at work into the lives of the people who visit your home, who talk to your children. 90 percent of the time it is the people who are close to you who can do the most damage to your life. There is nothing you can do to prevent the jealousy and envy in others but you can anticipate their behavior and guard against their destructive force. Remember the song, Smiling Faces Tell Lies. We will discuss this book again. **Please support our Breast Cancer Initiative by purchasing one or more books that are on sale exclusively at 88.1FM WHPR TV-33 160 Victor St. Highland Park or online at <https://touchedbythelight.us> – a secure site. The books were written to help you improve your life. Tell a friend of our campaign. We must stop this deadly disease.** God bless.

The Women of Courage Show broadcast from the studios of WHPR – TV 33 Highland Park, Michigan 48203 Friday from 3 to 4pm and Sunday from 8 to 9 am.

Archives of The Women of Courage Show can be found on Youtube Channel at Touched By The Light Publishing

# Children in foster care **42% more likely to die** than children in general population



**Barbara H. Chaiyachati**

**Children in the foster care system are 42% more likely to die than children in the general** population, a study published in *JAMA Pediatrics* showed.

**Barbara H. Chaiyachati, MD, PhD**, a fellow in child abuse pediatrics at the Children’s Hospital of Philadelphia, and colleagues analyzed data on [children in the foster care system](#) from 2003 to 2016 and found that there were 35.4 deaths per 100,000 person-years compared with 25 in the general population, with an incidence rate ratio of 1.42 (95% CI, 1.37-1.47).

“Clinicians should recognize that children in foster care are a particularly vulnerable population — though, importantly, we are not concluding that children in foster care have increased mortality because they are in foster care,” Chaiyachati told Healio. “While we seek to understand why children in foster care are at increased risk of death, clinicians can re-evaluate their own practices to assess if additional services may be warranted for their patients in foster care.”

**There was a higher mortality rate among black children in the foster care system compared with black children in the general population** — 43.8 deaths per 100,000 person-years (95% CI, 41.4-46.2) vs. 34.1 deaths per 100,000 person-years (95% CI, 33.9-34.4). A higher mortality rate was found within each race category, the researchers reported.

“As a clinician who works with children in foster care, I have seen first hand some of the challenges at the interface between child welfare and health care delivery,” Chaiyachati said. “Unfortunately, these experiences, along with the literature outlining increased disease burden for children in foster care, made our findings of increased mortality less surprising.”

There also was a higher mortality rate among children aged 1 to 4 years — 50.7 deaths per 100,000 person-years (95% CI, 47.8-53.6) vs. 27.5 deaths per 100,000 person-years (95% CI, 27.3-27.7) among children aged 1 to 4 years in the general population.

The researchers did not observe an increased mortality rate among children aged 15 to 18 years.

“While there are multiple potential influences on differences in mortality, the age-dependent differences add another level of potential complexity,” Chaiyachati said.

During the study period, mortality rates among children in foster care remained steady, whereas mortality rates of children in the general population decreased by 2.5%, according to the study. — *by Ken Downey Jr.*

**Disclosures:** Chaiyachati reports that her employer receives compensation for her expert witness court testimony. Please see the study for all other authors’ relevant financial disclosures.

# Adoptive parents of 2 missing California boys arrested on murder charges

They have been missing since December 2020.

By [Bill Hutchinson](#)

March 2, 2022, 2:39 PM

Kern County District Attorney's Office/Facebook

The more than yearlong search for two [missing California toddlers](#) took a disturbing twist Wednesday when a prosecutor said the boys were killed months before they were reported missing and that their adoptive parents have been indicted on murder charges.

Trezell West, 35, and Jacqueline West, 32, are being held without bail at the Kern County Jail, according to online jail records.

Kern County District Attorney Cynthia Zimmer said the Wests' adopted children, 4-year-old Olson and his 3-year-old brother Orrin, were slain three months before they were reported missing in December 2020.

"This morning, I'm saddened to announce that the investigation has revealed that Orrin and Olson West are deceased," Zimmer said at a news conference Wednesday.

Zimmer said a Kern County grand jury, which convened late last year and heard from more than 50 witnesses, returned a five-count indictment this week against Trezell and Jacqueline West and that an arrest warrant was issued by a judge.

The district attorney said the couple was arrested around 7 p.m. Tuesday in an unincorporated area of Kern County on two counts of second-degree murder, two felony counts of child abuse and a misdemeanor charge of making a false report of an emergency.

The Wests are scheduled to be arraigned on Thursday and will be appointed attorneys if they cannot afford to hire lawyers, Zimmer said. If convicted, Trezell and Jacqueline West face a sentence of 30 years to life in prison.

Zimmer said the bodies of the two boys have not been found.

"However, I would like to emphasize that the fact that law enforcement has not found their bodies does not preclude a murder prosecution," Zimmer said. "As a matter of fact, there have been hundreds of what we call 'no-body homicides' prosecuted across the United States successfully and even no-body homicides have resulted in murder convictions in Kern County."



Kern County District Attorney's Office/Facebook  
Kern County District Attorney Cynthia Zimmer holds a press conference with law enforce...

Zimmer declined to release details on the evidence prosecutors have against the adoptive parents.

"The facts in court will show that we were able to prove to the grand jury that the boys have died, that they were murdered," Zimmer said. "And we did that through a combination of direct and circumstantial evidence and the grand jury was convinced that they were dead."

Bakersfield Police Chief Greg Terry and California City Police Chief Jon Walker praised investigators for working tirelessly on the missing persons case to "find the truth."

"This is not the outcome that we and so many had hoped and prayed for over the last year," Terry said. "Our thoughts and prayers go out to the families of Orrin and Orson who with this news today their worst fears have been realized."

Terry added, "We now realize that the search for the boys began after the real tragedy had already occurred."

He said the search for the boys' bodies is continuing.

"This is not a resolution in this case and there will not be a resolution completely in this case until these boys are brought home," Terry said.

Trezell and Jacqueline West reported the boys missing on Dec. 21, 2020, and have publicly denied being involved in their disappearance.

The couple reported that the boys vanished from the backyard of their home in California City near Bakersfield, setting off a massive search involving police, the FBI and volunteers. A reward fund ballooned to more than \$120,000 for information on the boys' whereabouts.

In an interview with ABC Bakersfield affiliate [KERO](#) just two days after the boys vanished, Trezell West claimed he last saw them playing in their backyard.

"I realized that I left the back gate open and I panicked and came inside the house. [We] searched the house, me and my wife," Trezell West said at the time. "Once that didn't pan out, I got in the van. I looked down the street in both directions; it was getting dark, getting cold."

Police investigators previously said the Wests were not suspects.

Since the outset of the search for the boys, police have said they suspect foul play was involved in their disappearance.

[MORE: Couple indicted on murder charges for missing children appear in court](#)

The Wests were initially foster parents to Orson and Orrin, who came to live with them in 2018. The couple officially completed the adoption process in 2019.

In addition to Orson and Orrin, the couple has four other children, including two who are adopted and two who are biological, investigators told ABC News. The Wests' four other children had been moved into protective custody, police said.

In an [interview with ABC News](#) in February 2021, Trezell West's mother, Wanda West, defended him and Jacqueline West as "really good parents as far as I'm concerned."

## **2 young Kern County brothers died 3 months before adoptive parents reported them missing, DA says**

Wednesday, March 2, 2022

CALIFORNIA CITY, Calif. (KABC) -- Two young brothers died three months before their adoptive parents, who have been arrested on murder charges, reported them missing in late 2020, the Kern County district attorney announced Wednesday.

Speaking at a news conference, DA Cynthia Zimmer said an investigation confirmed the deaths of Orrin West, 4, and his brother Orson, 3.



The boys' bodies have not been found, Zimmer said, adding: "However, I would like to emphasize the fact that law enforcement has not found their bodies does not preclude a murder prosecution. As a matter of fact, there have been many hundreds of what we call 'no body homicides' prosecuted across the United States, successfully.

In December 2020, the boys' adoptive parents, Trezell West and Jacqueline West, reported that the brothers had disappeared from the backyard of their California City home.

Police launched a search of the area, which was later joined by the FBI, California Highway Patrol, a Kern County sheriff's search and rescue team, and members of the community. The search expanded to Bakersfield, about 60 miles to the west, where the boys lived before moving in September 2020.



Kern County District Attorney Cynthia Zimmer provides an update on the arrest of Trezell and Jacqueline West for the murder of their adopted sons Orrin and Orson West. Trezell West and Jacqueline West were arrested Tuesday and were each charged with five counts: two counts of murder, two counts of felony child abuse and one count of filing a false report of an emergency, Zimmer said.

Both parents are being held without bail and are expected to be arraigned in court on Thursday. Online records do not indicate whether they have attorneys to speak on their behalf.

"This is not the outcome that we in so many had hoped and prayed for over the last year," Chief Greg Terry said at Wednesday's press conference. "Our thoughts and prayers go out to the families of Orrin and Orson who, with this news today, their worst fears have been realized."

**RELATED: [Search continues for missing California toddlers who disappeared days before Christmas](#)**



More than one month after two brothers disappeared from their small California town, the search for the children continues, and police fear foul play may be involved.

A reporter asked Zimmer if she could elaborate on why investigators believe the boys were killed three months before the missing persons report was filed.

"No, I cannot," she replied. "But I can tell you: The facts in court will show that we are going that we were able to prove that to the grand jury that the boys have died that they were murdered. We did that through a combination of direct and circumstantial evidence and the grand jury was convinced that they were dead."



[Where Are The Boys](#)

# A timeline of events in the case of the missing California City boys Orson and Orrin West

by: [Jason Kotowski](#), [Perla Shaheen](#), [Christian Galeno](#), [Miabelle Salzano](#)

Posted: Dec 23, 2021 / 12:02 PM PST

Updated: Mar 8, 2022 / 10:40 AM PST

SHARE

CALIFORNIA CITY, Calif. (KGET) — Brothers Orson and Orrin West have now been missing for over a year, no word, no trace and are believed dead.

The boys went missing from the California City home of their adoptive parents on Dec. 21, 2020. The adoptive parents, Trezell and Jacqueline West, are now charged with murder in their deaths.

It's a case that has captured and captivated many in Kern County and across the nation.

The following is a timeline of public events in the case.

## 2020

### Dec. 29

[Chief of Police in California City gives update on two missing boys; suspects foul play](#)

- California City Police Chief John Walker tells the media foul play is suspected and nothing was found when investigator's dug up the west family backyard.

### Dec. 23

- Wednesday — The boys' adoptive parents, Trezell and Jacqueline West, discuss the case with the media.

[Two missing boys in California City: Here's what we know](#)

- Wednesday night — Investigators work under bright lights set up in the family's backyard. It's unclear what, if any, evidence was found.

### Dec. 22, 17 News at 6

[FBI interviewing adoptive parents of missing California City boys](#)

- Wednesday afternoon — The adoptive parents speak with media. Trezell and Jaqueline West say they were told by police Monday to stay in their home during the search. Trezell West explains how the boys went missing, and the couple say they fostered the boys in 2018 then adopted them in 2019. They say they have two other

adopted children and two biological children, all of whom have been removed from the home since the investigation began. The couple say their cellphones and other technological devices were seized by police.

- Wednesday afternoon — Police search the home again.

## **Dec. 22, 17 News at 5**

[California City boys went missing after briefly left outside playing, adoptive parents say](#)

- Tuesday night — Armed with a search warrant, investigators go through the home and leave with evidence collected in several brown bags and a duffel bag. The adoptive parents' van is towed to be searched. Police tell 17 News the FBI is involved and agents questioned the adoptive parents. Police say the parents are cooperating.

## **Dec. 22, 17 News at Sunrise**

[Boys, 3 and 4, missing from California City](#)

- Monday, early evening — Orson and Orrin play outside as their adoptive father gathers firewood, according to their adoptive parents. The father, Trezell West, later tells the media he briefly went back inside the house, and when he came out the boys were gone. He says he drove through nearby streets and spoke with neighbors but couldn't find them.
- Monday, around 6 p.m. — The boys' adoptive parents report them missing.
- Monday, around 8 p.m. — California City police send out a news release that provides a description of the boys but not their names or photographs. That information is released hours later.
- Monday night — Volunteers and police search areas near where the boys went missing. Police bring K9s to the home. The dogs find the boys' scent inside the house, but not outdoors.
- Tuesday, around 9 a.m. — With daylight, volunteers continue the search and spread through the surrounding area. They find nothing.
- Tuesday afternoon — Police take the adoptive parents in for further questioning.

## **2021**

### **Dec. 21**

[One year later, missing Cal City boys biological family file lawsuit against county](#)

[One year since Orrin and Orson west were reported missing](#) from the home of their adoptive parents in California City.

### **Dec. 15**

[Toy drive underway in honor of missing Cal City Boys Orson and Orrin West](#)

Almost one year after Orrin and Orson West went missing, the community held a toy drive in their honor.

### **Oct. 21**

[Biological father of Orson and Orrin West remains hopeful 10 months after their disappearance from California City](#)

Ten months later, the boys remain missing. Orrin and Orson West's biological father spoke with 17 News about his experience dealing with the boys' disappearance. And the community held a prayer vigil.

### **Sept. 21**

## [California City boys Orson and Orrin West remain missing 9 months later](#)

The boys have been missing for nine months. The community has been holding monthly prayer events for them.

## July 7

### [California City boys Orson and Orrin West remain missing nearly 200 days later](#)

Two-hundred days after Orrin and Orson West were reported missing, the Bakersfield Police Department gives 17 News an update on the case.

## June 1

### [BPD Chief Greg Terry discusses latest in case of missing West boys](#)

BPD releases new information on the case. Forty-four search warrants have been served, 83 people interviewed and 170 items seized in the investigation into the disappearance of two California City toddlers, Bakersfield police said Tuesday.

## April 21

### [4 months after disappearance, community remains hopeful of finding missing West boys](#)

The boys have missing for four months. The Bakersfield Police Department has not reported any new developments but say they have not given up the search. The activists that have gotten involved with the search themselves continue to hope for a happy ending to this story.

## March 31

### [KGET Exclusive: BPD discusses Orrin, Orson West investigation on 100th day of their disappearance](#)

Bakersfield Police Department Public Information Officer Sergeant Robert Pair joined 17 News at Sunrise to discuss the disappearance of 4-year-old Orrin and 3-year-old Orson West in California City. They were reported missing 100 days ago.

## March 29

### [Mayor Karen Goh releases video message on Orrin and Orson West](#)

The mayor of Bakersfield released a video message Monday afternoon, discussing the investigation to find 4-year-old Orrin and 3-year-old Orson West.

## March 28

Wanda West, the adoptive grandma of Orrin and Orson West, released [a statement asking the community to continue searching for her grandsons](#). She writes about losing Orrin and Orson, but also her other four grandsons, when Child Protective Services took them in protective custody. West pleads with the community to continue the search for Orrin and Orson.

### [Adoptive grandma of Orrin and Orson West releases statement](#)

She wrote: “Someone knows exactly where Orrin and Orson are and what happened in December. Come forward. God and our family has already forgiven you and you will be free from the guilt and burden I know you are carrying. These are babies who are loved and have an entire future waiting for them to explore. Release them and yourself from this. All we want are the boys back.”

[Read the full statement here](#)

## March 19

### Related Content

- [California City boys went missing after briefly left ...](#)
- [FBI interviewing adoptive parents of missing California ...](#)
- [Boys, 3 and 4, missing from California City](#)

The reward for information leading to missing California City boys Orrin and Orson West now stands at \$125,000.

[Reward increases to \\$125K for information leading to missing California City boys](#)

That’s an increase of \$2,000 from the previous amount, the new money coming from another \$1,000 through the Youtube channel of Ron Licciardi, and \$1,000 from Bakersfield resident Jennifer Nobles.

## March 15

The Bakersfield Police Department confirmed that it served a search warrant March 12 at the home of Orrin and Orson West’s adoptive grandmother as part of its investigation into their disappearance.

[BPD serves search warrant at home of Orrin and Orson West’s adoptive grandmother](#)

The department did not provide any additional information about the warrant, saying that “limited information is being provided to protect the integrity of the investigation and ultimately safeguard any facts from being tainted. The public is strongly discouraged from making assumptions of guilt and dissemination of rumor and speculation.”

## March 9

[Group pays for billboards in Kansas asking for help in case of missing California City boys](#)

A group that follows cases involving child victims has paid for two billboards in Wichita, Kan., asking for information regarding the missing boys.

## March 8

[Rumors around Orrin and Orson West case lead to fighting among community members, one arrest](#)

Speculation about what happened to the boys has resulted in online arguments and finger-pointing, and the arrest of a man on misdemeanor warrants after he had a confrontation with a neighbor.

## March 6

[FBI and Bakersfield police search for evidence related to Orrin and Orson West in Southeast Bakersfield](#)

Bakersfield police and personnel from other agencies searched a field in the area of Cottonwood and East Pacheco roads in connection with the investigation. The boys were not found, and police said they could not say what led them to the field because they need to preserve the integrity of the investigation.

## **March 3**

[Bakersfield Police Chief discusses case of two California City boys missing since December](#)

Bakersfield Police Chief Greg Terry discusses the case with 17 News.

## **March 1**

[Bakersfield Police Department becomes lead agency in missing California City boys investigation](#)

The Bakersfield Police Department becomes the lead agency investigation the boys' disappearance.

## **Feb. 21**

[Online groups track, share information in missing California City boys case](#)

Online groups from across the country and overseas have formed online communities tracking the case and sharing information.

## **Feb. 19**

[Protesters gather outside Human Services building for missing Cal City toddlers](#)

Protesters gathered outside the Department of Human Services building in a rally to continue raising awareness of the case.

## **Feb. 14**

[Biological family of Orrin and Orson West plans to put up two more billboards of the boys, three total](#)

The biological family of Orson and Orrin West said it was raising money to put up more billboards about the missing boys.

## **Feb. 2**

['We just want answers': Candlelight prayer held in Bakersfield for 2 missing Cal City boys](#)

A candlelight prayer was held outside the home in Bakersfield where the boys lived before they were adopted.

## **Feb. 1**

- California City police and federal agents revisited the home of the Orson boys' adoptive parents this Monday morning with special equipment that sends a signal into the ground to see if there is anything underneath. Nothing was found during the visit, according to police.

## **Jan. 25**

## [Candlelight vigil scheduled for Monday in honor of 2 missing California City boys](#)

- The California City Police Department is [asking](#) for residents to report anyone seen trespassing at the home of missing Orrin and Orson West's adoptive parents. A candlelight vigil was held outside the boys' home Monday evening, with those participating praying for their safe return.

## **Jan. 17**

### [Cal City business, church each offering \\$10K for info that brings missing boys home; total rewards now at \\$100K](#)

- Reward money rises to \$100,000 for anyone with information leading to the boys' whereabouts. The money has been donated by businesses, churches, the adoptive family and the city.

## **Jan. 4**

### [Businesses offer total of \\$25,000 for anyone who finds two missing boys in California City](#)

- Businesses offer a total of \$25,000 to anyone who can find the boys.

## **Jan. 2**

### [Adoptive family of missing California City boys issues statement](#)

- The extended family of the missing boys issue a statement expressing their hopes for the boys' safe return, that they are cooperating with authorities and have involved a team of private investigators. The statement said family members had been advised to avoid the public because of the intensity and amount of threats they had received. The West home in California City has been targeted by rocks, and attempted break-ins according to the statement.

## **2022**

## **2022**

## **March 8**

[A Kern County judge on Tuesday issued a gag order](#) in the case of a couple accused of killing two of their adopted children.

The order bars attorneys and their investigators and law enforcement involved in the case of Trezell and Jacqueline West from speaking publicly about it. It also applies to witnesses and court personnel with access to reports filed in the case.

### [Gag order issued in case of Trezell and Jacqueline West](#)

## **March 7**

Trezell and Jaqueline West's defense attorneys hold a press conference where they accuse D.A. Cynthia Zimmer of spreading false information.

[CAL CITY BOYS: Defense counsel accuses DA of spreading misinformation](#)

## March 3

Trezell and Jaqueline West are due in court for their official arraignment. [They plead not guilty.](#)

[CAL CITY BOYS: Trezell and Jacqueline West plead not guilty](#)

Another biological mother, [Madgenia Williams, came forward](#) and said her boys were placed with the Wests. She said she hasn't heard from them since.

"I'm asking for proof of life," Williams said.

[Where are the boys? This time, another birth mother is asking about sons allegedly placed with Wests](#)

## March 2

DA [Cynthia Zimmer held a press conference](#) discussing the indictments and updates on the case.

Although there were no bodies found, she said there was enough direct and circumstantial evidence to convince a grand jury that the boys were murdered.

She also said the investigation revealed the boys had been murdered three months prior to being reported missing.

[CAL CITY BOYS: DA said there is evidence Orrin, Orson West died before reported missing](#)

[Thee Next Steps Bakersfield holds a vigil](#) for the boys open to the public.

## March 1

[Trezell and Jaqueline West were indicted and charged with second-degree murder.](#) They were arrested around 7 p.m. in western Kern County.

[CAL CITY BOYS: Both adoptive parents charged and in custody](#)

- Reward money rises to \$100,000 for anyone with information leading to the boys' whereabouts. The money has been donated by businesses, churches, the adoptive family and the city.

## The brief life of Cornelius Frederick: Warning signs missed before teen's fatal restraint

A Michigan youth facility had an extensive pattern of violations, raising questions about why the state didn't act before a 16-year-old died.



Lakeside Academy staff members placed Cornelius Frederick in physical restraints at least 10 times in the six months before he died, records show. Joanna Neborsky / for NBC News

July 23, 2020, 2:15 PM EDT / Updated Aug. 14, 2020, 3:19 PM EDT

By [Tyler Kingkade](#) and [Hannah Rapple](#)

During lunch on April 29, Cornelius Frederick threw a sandwich at another boy in the Lakeside Academy cafeteria. A staff member responded by tackling Cornelius to the ground, and then, for 12 minutes, as Cornelius struggled and gradually grew still, seven men who worked for Lakeside held him down, some putting their weight on his legs and torso.

Cornelius, 16, had been placed at Lakeside, a facility for at-risk youth in Kalamazoo, Michigan, six months earlier as a ward of the state. Lakeside staff members [told state investigators](#) they needed to put Cornelius in a restraint to prevent things from escalating; one employee said Cornelius' food throwing could've turned into a riot.

When the staff members let go of Cornelius, his body was limp, surveillance [video shows](#). According to the police report, several employees said they thought he was faking, but some also noticed foam at his mouth. Twelve minutes later, they called 911. Cornelius died at the

hospital two days later. The medical examiner ruled it a homicide, the result of Cornelius being asphyxiated.

## [Michigan youth facility shut down after death of 16-year-old restrained by 6 staff members](#)

Aug. 14, 202004:31

Cornelius' death resulted in criminal charges against three Lakeside employees, a [lawsuit](#) by his estate against Lakeside and new emergency rules for youth facilities implemented by the Michigan Department of Health and Human Services. Lakeside was effectively closed in June.

An NBC News investigation found an extensive trail of warnings about staff misconduct at Lakeside long before Cornelius' death, raising questions about why the state didn't take more drastic action until it revoked Lakeside's license last month. Over 2,000 pages of documents obtained by NBC News — including police reports, 911 call logs, financial audits and tax forms, search warrants, state inspections and court filings — detail years of abuse allegations at Lakeside, in addition to a string of violations substantiated by government agencies in Michigan, as well as two other states that sent children to Lakeside.

In the 2½ years before Cornelius died, 56 violations at Lakeside were substantiated by the Michigan Department of Health and Human Services. They ranged from [botched paperwork](#) and facility management's [failing to check](#) whether employees were on a state registry of child abusers to [improper restraints](#) and staff members' being "[overly aggressive](#)" with youths.

Emergency services were [called to](#) Lakeside 237 times in the 18 months before Cornelius' death, including 12 times for reports of assault, eight times for sexual assault allegations and four times for possible child abuse. Nine days before the fatal restraint of Cornelius, another boy ran away from the facility and [pleaded](#) with police not to take him back because he feared for his safety.

"They had done this before — this was not a one-off," said Geoffrey Fieger, an attorney for Cornelius' extended family, who is suing Lakeside and Sequel. "This was not a random or unexpected occurrence. This was a practiced pattern by Lakeside."

## [Video shows teen go unconscious during restraint at Michigan youth home](#)

July 22, 202004:01

NBC News' findings also raise questions about Sequel Youth and Family Services, the Alabama-based for-profit company that ran Lakeside. Sequel said in April that it [serves](#)

10,000 children annually across 21 states, including foster children and children with complex behavioral and mental health needs, reporting more than \$200 million in revenue in 2016. A previous [NBC News investigation in March 2019 found](#) that staff members at another Sequel-run facility, in Iowa, improperly used restraints, resulting in injuries such as loss of consciousness and broken bones. The company pledged to adopt a behavior management program that would minimize the use of restraints on children at its facilities.

### **'They told me it was going to be a good place': Allegations of abuse at home for at-risk kids**

Despite the pledge, multiple state agencies and advocates have since found that the improper use of restraints on children in Sequel's care has continued, not only at Lakeside, but also at other facilities across the country.

"The list of violations shows it," said Jason Smith, a policy expert at the nonprofit Michigan Center for Youth Justice. "This was a larger issue. It was systemic. It was cultural. It was really the fault of Sequel Youth and Family Services."

***Do you have a story to share about facilities for at-risk youth? [Contact us.](#)***

Michigan's Department of Health and Human Services acknowledged shortcomings in its oversight of Lakeside and Sequel, saying the state needs to do a better job of protecting the children in its care. Gov. Gretchen Whitmer, a Democrat, [ordered](#) the department to ensure that Sequel no longer does business with child care facilities in the state.

Lakeside, a nonprofit established a century ago, declined to answer questions but said in a statement, "We continue to extend our deepest sympathies to Cornelius' family."

Sequel declined to make anyone available for an interview and instead released a statement in response to questions. The statement said that the restraint used on Cornelius violated Sequel's policies and training and that the company is implementing a "restraint-free model of care at every Sequel program."

"That work is ongoing and requires extensive time and ongoing training," Sequel said.

### **'A Sour Patch Kid'**

Lakeside was the third facility Cornelius had been placed in since his mother died in her sleep of heart failure several years earlier — Cornelius was the one who found her. His father lost custody after he was incarcerated.

Black children, like Cornelius, are 35 percent more likely than white youths to be placed in group homes or residential treatment facilities. Nationwide, 33 percent of children in foster care are Black, but Black children make up just 15 percent of U.S. children.



Cornelius Frederick. Family photo

At age 12, separated from three siblings, Cornelius landed at Wolverine Human Services, a youth facility in Detroit. Will White, a former peer support specialist at Wolverine, got to know Cornelius in 2017 and 2018. Cornelius, or "Corn," as most people called him, tried to teach White how to play chess, and he loved to show off card tricks. He wanted to become a counselor. He was large; a former resident of Wolverine who recalled meeting him joked that the first thing Cornelius said was "Can I get your snack?"

Cornelius wanted to be liked, White said, even if it meant getting in trouble by stealing a staff member's cellphone so someone else could get on social media.

"Cornelius was a Sour Patch Kid," White said. "He was a kid that had a really tough exterior that could be a little frightening, but he had a really soft heart."

Last fall, Cornelius arrived at Lakeside, which housed up to 124 youths ages 12 to 18. It opened as an orphanage in 1907, and Sequel took over operations in 2006 when the nonprofit facility fell into financial trouble.

Lakeside Academy, the Sequel facility in Kalamazoo, Mich. Courtesy Sequel

Residents recently told state investigators that staff members at Lakeside commonly used restraints. One boy said "staff sometimes hold kids on the neck" to get them to comply, according to a Michigan Department of Health and Human Services [report](#) in June. Another resident said he'd been restrained by six staff members at once, the report said, and two others said staff members often used the physical holds on boys who didn't listen to instructions or were "being a dummy."

Sequel's policies dictate that restraints should be used only as an emergency intervention when a child presents a danger to himself or to others.

"Outside of these types of instances, a restraint is not an appropriate first response," Sequel said in a statement. "Restraints are never to be used as a means of coercion, discipline, convenience, or retaliation by staff."

Lakeside staff members placed Cornelius in physical restraints at least 10 times in the six months before he died, according to records obtained by NBC News.

During one such incident in January, five Lakeside employees restrained Cornelius for throwing a football at a peer and trying to push a staff member. The employees took turns lying across his midsection and his legs, according to a [state investigation](#). Lakeside staff members [documented](#) that the restraint lasted 10 minutes; however, security video showed that it actually lasted 36 minutes, [police records state](#). Once Lakeside employees let go of him, Cornelius was seen on the video crying and had trouble walking, police said.

"When we saw how inconsistent their written incident reports were with what we saw on the video, it was shocking to us," said David Boysen, assistant chief of Kalamazoo Public Safety, the police force. "When you look back at it, this was a pattern of behavior by some members of the staff there."

Sequel said it fired the staff members involved in the January restraint quickly but didn't give specific dates.

"If they kept restraining kids the way that they did, a child was going to die."

*Sara Gelser, Oregon state senator*

Spencer Richardson-Moore, who worked at Wolverine when Cornelius was there, said he understands that youths in such facilities can test employees' patience. However, the facilities are supposed to use [trauma-informed techniques](#) to calm children down, he said.

"If they are rough around the edges, it's because they've lived a life they didn't ask for," Richardson-Moore said. "Let's be honest: A young Black boy whose father is in prison, his mother dies while he's young, then he has to go into a system and has to figure life out. He

didn't have family or siblings around, he has to grow up around a bunch of other kids he don't know and may never see afterward and then gets shifted from one place to another. That's a lot for a kid."

### [Michigan government missed warning signs](#)

When police returned to campus a few days after Cornelius' death to investigate, an attorney for Lakeside told them that they weren't allowed to interview any current employees, according to a police report.

Sequel's attorneys also instructed Lakeside not to give police the security video that showed staff members restraining Cornelius, Boysen said, but officers had already obtained it.

Sequel said that Cornelius' death was "unconscionable" and that the company was "continuing to work closely with law enforcement and state officials to help ensure justice is served."

Boysen said that Lakeside had "lost all control" over the children in its care but the Kalamazoo police had no authority to close the facility. That authority rested with the Michigan Department of Health and Human Services, which was well aware of Lakeside's shortcomings, records show.

"Could we have done that better? Absolutely."

*JooYeun Chang, Children's Services Agency*

In a 2018 investigation, the state found that a Lakeside resident had been subjected to four unwarranted restraints, that one staff member lied to state agents about it and that staff members failed to report that the child had been injured in one of the restraints. State agents also said it was "concerning" that none of the staff members thought that the restraints were inappropriate. Another state investigation last year found that a staff member hit a boy in the face after he used disrespectful language. And an investigation in February found evidence that a staff member choked and punched a child, although the employee denied it.

Each time, the department's investigators said the state didn't need to take away Lakeside's license, as long as the facility submitted an "acceptable corrective action plan."

NBC News obtained 23 of these corrective action plans, dating to the beginning of 2018. Drafted by Lakeside officials, the plans typically detailed that employees would go through more training sessions, and that employees involved in violations had been disciplined or fired. An October 2019 plan noted that a Sequel official would visit campus at least four times a year to "conduct training and audits," and that management at both Lakeside and Sequel would monitor security video for safety violations.

JooYeun Chang, senior deputy director of the department's Children's Services Agency, which oversees facilities like Lakeside, conceded that the state "did miss some of the early warning signs."

While the department monitored facilities to ensure that they complied with corrective action plans, Chang said, state oversight sometimes failed to remedy systemic issues. In a review after Cornelius' death, she said, the agency discovered that 76 of 151 residential children's facilities had either one serious incident in the past two years or repeat incidents related to safety.

"Could we have done that better?" she said. "Absolutely."

The state made several [changes](#) last week to the way it oversees facilities like Lakeside, including increasing on-site reviews to four a year from one. The state also banned any restraint that restricts breathing, and it now requires that when a youth is restrained, the facility must notify the child's family within 12 hours and the department within 24 hours.

Three Lakeside employees have been charged with involuntary manslaughter and child abuse as a result of Cornelius' death: Michael Mosley, who initiated the restraint; Zachary Solis, who laid his body across the boy's torso as supervisors watched; and Heather McLogan, the nurse who called 911. All three are pleading not guilty, and argue that they were following Sequel protocol.

"Nobody said to stop, move down, move up, move out — none of that," said Donald Sappanos, an attorney for Solis. "In fact, afterwards, there was a meeting where all the employees that were involved in the restraint were congratulated and told, 'Great job.'"

Anastase Markou, McLogan's defense attorney, said his client arrived at a "chaotic scene," and now "she's been accused of not doing something based on some form of legal duty which I'm still trying to decide what legal duty she had."

Kiana Carolyn Garrity, Mosley's attorney, argued that the restraint was justified because Cornelius was a large teenager, and had been **threatening** other students earlier that day. Both Garrity and Sappanos said their clients did not lay their body weight on Cornelius, challenging what the prosecutor and the state health department have said.

"Supervisors on scene did not intervene because they did not see anything that was violating their policy," Garrity said.

It's a difficult work environment. According to police records and interviews with two former Lakeside youth counselors, who asked not to be identified to avoid retaliation, some of the facility's residents had hit or thrown things at staff members and frequently ran away. But across its facilities, Sequel relies heavily on young staffers who have limited experience

working with children who have complex needs, former staff members at Sequel facilities said.

Lakeside youth counselors started at \$12 an hour, former staff members said. Solis received just two hours of classroom training in restraint procedure, Sappanos said.

"I think it was a powder keg waiting to happen," Sappanos said. "And now Sequel's running for the hills."

Sequel said it emphasizes "de-escalation" in its programs. Ten employees were fired as a result of Cornelius' death.

Sequel told NBC News in March 2019 that its uses of restraints "were all appropriate," but by then, the company had been working for a year to adopt a restraint-free behavior management program called Ukeru. The program, grounded in trauma-informed care and conflict resolution, was supposed to minimize the use of restraints, in part by letting youths hit foam pads to exorcise their aggression.

The company operates more than 40 programs nationwide. Sequel implemented Ukeru training at 10 facilities, including [Lakeside](#), as well as a youth facility in Ohio called Sequel Pomegranate Health Services.

Ohio's state government moved last month to close the Pomegranate facility, [citing a failure](#) by staff members to use alternatives to restraints, creating an unsafe environment.

There have been problems at other Sequel facilities. Sequel [closed](#) Red Rock Canyon School in St. George, Utah, last summer after a riot and multiple [allegations of staff members' assaulting students](#).

### **[Ex-staffer at home for at-risk kids says she's haunted by what she saw](#)**

Starr Commonwealth, a Sequel-run facility in Albion, Michigan, continued operating in spite of 58 violations substantiated by the state since July 2017. The state found at least four incidents in the past two years in which residents were injured while being restrained, but it didn't touch the facility's license. Starr CEO Elizabeth Carey [said](#) this month that the facility would end its contract with Sequel and that it is [ending](#) its residential programs.

Sequel said it is "disappointed" that Starr decided to end its relationship with the company. Sequel also said it is reviewing options regarding the Pomegranate facility, and will "continue to make improvements at the program."

"We have internal quality control and rigorous training to ensure that the care and support we provide our students is consistent with all best practices and reaches our own high standards

of respect for our students' dignity," Sequel said in a statement, adding that it installed video cameras on all its campuses to monitor compliance.

### [Cross-country concerns about Lakeside](#)

Counties from across Michigan sent children to Lakeside, and at the time Cornelius died, at least 30 of his peers had come from as far away as California and Tennessee. Lakeside collected [\\$427 per day](#) per child from Oregon.

Officials from at least three states had raised alarms about the types of restraints used by Lakeside employees.

Records show that the Minnesota Department of Corrections [raised concerns](#) in 2018 that Lakeside wasn't using physical restraints correctly. California's Department of Social Services [documented](#) at least seven violations in the two years before Cornelius died, [including](#) concerns with "types of physical intervention possibly being utilized."

### [Clarinda Academy, home for troubled kids, faces allegations of abuse \(Part 1\)](#)

May 3, 201905:27

### [Clarinda Academy, home for troubled kids, faces allegations of abuse \(Part 2\)](#)

May 3, 201906:19

Sara Gelser, an Oregon state senator who has investigated where her state sends foster children, visited Lakeside Academy in January. Oregon had two children at Lakeside when Cornelius died.

"When we were there, they bragged about how their use of restraint was declining and they only used it when there was something serious," Gelser said.

But Gelser had reviewed police reports and state investigations describing inappropriate restraints. She said she told Sequel CEO Chris Roussos during her Lakeside visit that she was concerned that "if they kept restraining kids the way that they did, a child was going to die."

Oregon's Department of Human Services announced this month that the state would no longer send children to Sequel facilities.

After Cornelius' death, California revoked Lakeside's certification and relocated the children who were there. The state has 79 children placed at three other Sequel-owned facilities, all in Iowa.

## 'They failed'

Residential programs like Lakeside should be an option of last resort, said Chang, of Michigan's Children's Services Agency. Like other states, Michigan has expanded access to family and community-based services for at-risk children, especially for children with mental health issues. But the state needs to do more, she said.

"Until we address how we use these facilities and stop warehousing our kids in an environment where order and control is the most important factor and not meeting their therapeutic needs, there will always be this risk factor," Chang said.

It was shameful, she added, that Cornelius spent so much of his brief life in the system.

"The government does some things really well," she said. "It will never be able to raise a child."

Boysen, of the Kalamazoo police, is glad that Lakeside is closed, but he thinks the state should've taken more decisive action earlier.

"They failed," Boysen said. "It's too bad that, you know, it takes something like this to make a change."

## **Family Settles Suit Against Michigan Youth Facility Where Staff Killed Teen**

By [The Imprint staff reports](#)

The family of a 16-year-old Michigan boy who died at the hands of several staff members at a youth congregate care facility has settled a wrongful death lawsuit, as the death continues to reverberate through the juvenile justice and foster care systems.

The settlement between the family of Cornelius Frederick and Lakeside Academy in Kalamazoo, Michigan was approved Dec. 29 by Kalamazoo County Circuit Judge Alexander Lipsey. Reached out of court, the deal was filed under seal, so no details are available, according to a [report](#) Monday by the Kalamazoo Gazette.

Nor have details been released about a settlement the family previously reached, this one in federal court, on Dec. 2.

Staff members at a residential treatment facility in Kalamazoo pounced on Cornelius, who was Black, after he tossed a sandwich in the cafeteria. They smothering the foster youth for 10 minutes as he cried out desperately for breath. He died in a hospital two days later.

The incident, which was caught on video, occurred in late April 2020, just a few weeks before white Minneapolis police officer Derek Chauvin killed George Floyd by smothering him, went

viral. Since then, the country has been on high alert over the killing of Black people by police, bringing reforms from coast to coast.

Cornelius' death, which was ruled a homicide, also helped compel California social services officials to [bring home](#) all the children sent out of state to residential facilities. Other states have brought kids home, too.

In his name, Michigan led multiple states in banning the use of dangerous physical restraints like the one that killed Cornelius. Three Lakeside employees were charged criminally in Cornelius' death.

The case also led to the investigation and closure of Lakeside and several other facilities run by the for-profit Sequel Youth & Family Services in several states, where a range of abuses have been documented.

### Our Note:

We offered the above information here because we want Black women to realize what happens to their children when they die. No one is better fit to take care of your children than you. Get your mammogram, take care of your heart, and get annual pelvis examinations. Eat the best diet that you can. Your health is intrinsically linked to the health and welfare of your children. The state cannot be trusted to care for your children. Black children are raped in foster care. Black children are killed in foster care. And black children are turned into prostitutes and pimps in foster care then they are thrown on the street with little or no education to fend for themselves at age 18.

Cornelius Fredericks died May 1, two days after the incident at Lakeside Academy, a facility that houses children in foster care or the juvenile justice system, [according to NBC News](#). Fredericks, a ward of the state, **wasn't involved in the juvenile justice system** and was only at the facility **because his mother died** and his father was deemed unable to take care of him, the news network reported. This was a beautiful little boy who was murdered because he was put in a facility because his mother died. It is an absolute lie that the state of Michigan protected this child nor did the administrators of this facility. The next time you want to ignore a medical exam think of Brothers Orson and Orrin West and Cornelius Frederick and how they died. The same destiny will await your child at your death. Black children are not important in this society look at how they are treated in schools and in the community by officials. Your child's safety and wellbeing and educational training are in your hands. You are the one who will provide homeostasis for your child no one else. Raising a child is a hard fight but it is a fight worth waging to save the life of your child and to see your child grow into a healthy human being.

**A child's life was taken but we do not believe anyone has been or will be convicted of this crime.** *The prosecutor's office has gone silent. We have not seen a trial date. A plea agreement will be struck sometime in the future when no one is looking and everyone will go merrily on their way. What does it matter that a Black child died?*

# Cornelius Frederick 3 staff members charged over teen's death released on bond

Three people accused in the death of [Cornelius Frederick](#), a 16-year-old boy who was restrained at a residential facility in Michigan, have been released on bond, court records show.



© Courtesy Jon Marko

Cornelius Frederick, 16, died in May after he was restrained by staff members at a residential facility in Michigan.

Michael Mosley, 47, and Zachary Solis, 28, and Heather McLogan, 48, were arraigned this week after being charged with involuntary manslaughter and child abuse charges. They were released on \$500,000 personal bonds, according to court records.

The three of them are staff members at Lakeside Academy, a residential treatment facility in Kalamazoo intended for young adults ages 12 to 18 placed through the foster care system or by their parents to receive behavioral health services.

Cornelius was a resident at the facility.

Prosecutors say two of them laid across Cornelius' torso as they tried to restraint him, causing his death. Cornelius went into cardiac arrest and died two days later on May 1, according to a [lawsuit filed by his family](#).

Mosley's attorney Kiana Garrity tells CNN her client entered a plea of not guilty. Garrity said her client was following protocol at all times.

Anastase Markou, an attorney representing McLogan, told CNN her client voluntarily surrendered on Wednesday and was released on a personal bond.

"This is a terrible tragedy. Our hearts go out to his loved ones and the Kalamazoo community. However, justice cannot be served by an injustice," Markou said in a statement. "My client, Heather McLogan, has done nothing criminal and when the evidence is in, she will be vindicated."

Don Sappanos, an attorney for Solis, couldn't not immediately be reached on Wednesday. Sappanos has previously told CNN that his client followed procedures set down by superiors.

"He is a gentle giant and had a great relationship with these kids," Sappanos said about Solis.

**CNN has reached out to Kalamazoo prosecutors.**

**Restrained for almost 12 minutes**

Investigators have said they reviewed two videos from Lakeside showing different angles of the April 29 incident, which began when the teen allegedly threw a sandwich at another resident. CNN hasn't independently reviewed the videos.

Video shows that after a brief discussion between a staff member and Frederick, the teen started throwing food again, a report from Michigan Department of Health and Human Services (MDHHS) says.

Several staff members moved toward Cornelius, who was then restrained for approximately 12 minutes, the report said.

Frederick was transferred to Bronson Methodist Hospital where he later died, the report said. Sequel Youth and Family Services, the owner of Lakeside Academy, previously told CNN that the staff's actions were not in line with the facility's restraint policy.

"The restraint was not conducted in accordance with our policies and training. At Sequel, it is our policy to only use restraints as an emergency safety intervention in two situations: 1) when a student exhibits imminent danger to self and 2) when a student exhibits imminent danger to others, and in those cases to use the minimal level of intervention possible."

MDHHS launched an investigation into the facility. In the full report provided to CNN, officials said that **staff initiated restraint that was "significantly disproportionate" to Frederick's behavior, and the facility did not follow its own restraint policy.**

The agency has since terminated all contracts with Lakeside and has begun the legal process to revoke its license, according to an earlier press release from the agency. At the time of the investigation, MDHHS found "10 licensing violations, including a failure to follow rules related to resident restraint and discipline," the press release said.

In a previous statement, Sequel Youth & Family Services said it supports the decision to bring criminal charges. It also has said it is "making the necessary changes to ensure something like this never happens again."

**Correction:** *This story has been updated with the correct spelling of Cornelius Frederick's last name.*

Take a look at these pictures. Look at the size of these men. Look at what they did to this child and they say they did nothing wrong. The coroner said this was a homicide.



If this can happen to a child in state care what good is the state? Cornelius could have done just as good living on his own. Why did he need the state of Michigan?



Look at the number of adults in this picture. This child's body is lying on the floor and they are standing over him some with their hands on their hips. Take a good look. This is how foster care children are abused every year all over this country.



Cornelius Fredericks was a child. Cornelius Fredericks was **16 years old** when he was killed by staff after throwing a sandwich in the cafeteria at the foster care facility where he lived. This child will never get a chance to finish his life. Seven men who worked for Lakeside held him down, some putting their weight on his legs and torso. If the death of this child at the hands of these people does not make you angry nothing will. Take a look at these people they murdered a child and now they expect a plea bargain so they can go home to their families as if nothing have happened. Let us see if you can find a conviction for the people who murdered this child we can't. Nothing will be done to these people.

# Cancer deaths in Black people drop; still higher than others



FILE - Nayla Fair, an intern at The Hampton University Cancer Research Center, examines cancer cells through a microscope on Wednesday, June 12, 2019. Cancer death rates have steadily declined among Black people but remain higher than in other racial and ethnic groups, according to a U.S. government study released Thursday, May 19, 2022. (Daniel Linhart/The Virginian-Pilot via AP, File) (ASSOCIATED PRESS)

LINDSEY TANNER

Thu, May 19, 2022, 1:32 PM

Cancer death rates have steadily declined among Black people but remain higher than in other racial and ethnic groups, a U.S. government study released Thursday shows.

[Cancer deaths have been dropping](#) for all Americans for the past two decades because of lower smoking rates and advances in early detection and treatment.

The rates among Black people fell 2% each year from 1999 to 2019, from 359 cancer deaths per 100,000 to 239 deaths per 100,000, according to the report published online in JAMA Oncology.

In 2019, the highest cancer death rates were in Black men — 294 deaths per 100,000 — almost double the lowest rate in Asian Americans and Pacific Islanders. The rate for white men was 249 deaths per 100,000. For Hispanic men, it was 177 deaths per 100,000 and 255 deaths per 100,000 among Native American men.

**Related video: Technology, advocacy fighting to address racial disparity in cancer deaths**

[An earlier report](#) from the American Cancer Society found the racial gap was narrowing, mostly because of a bigger decline in cigarette smoking among Black people.

In the new study, based on an analysis of death certificates, deaths from most cancers dropped in Black men and women. The biggest declines were in lung cancer among Black men and stomach cancer in Black women. Both are linked with declines in smoking, which contributes to many other cancers.

Liver cancer deaths increased among older men and women; and uterine cancer death rates increased among women aged 35 to 70. Both cancers are strongly linked with obesity.

The persistently higher death rate among Black Americans remains a concern, and likely reflects social and economic disparities including poverty, less access to care and mistrust of doctors, said National Cancer Institute researcher Wayne Lawrence, who led the study.

“It’s showing that we can’t simply rely on medical care as a way to address and eliminate the disparities,” said Carla Williams, a Howard University expert in cancer-related health disparities, who had no role in the research.

Cancer prevention expert Dr. Otis Brawley of Johns Hopkins University noted that other data show Black Americans get worse cancer care than white people. That’s in part because they’re more likely to be treated at hospitals with overworked doctors and fewer resources, and less likely to have a college degree, he said.

Evidence suggests that people with college degrees are more likely to exercise, not be obese, and to seek medical care when they notice changes that could signal cancer, Brawley said.

Follow AP Medical Writer Lindsey Tanner on Twitter: [@LindseyTanner](#)

The Associated Press Health and Science Department receives support from the Howard Hughes Medical Institute’s Department of Science Education. The AP is solely responsible for all content.

## 'We still are dying at alarming rates': Black cancer death rates are falling but remain higher than others, study finds



Nada Hassanein, USA TODAY

Thu, May 19, 2022, 11:00 AM

Despite declining cancer death rates, Black people still died of cancer at higher rates than any other racial group, a new study shows.

Cancer death rates among Black people decreased over the past two decades but were higher among other racial and ethnic groups in 2019, according to the [analysis](#) published Thursday in JAMA Oncology.

Epidemiologist and lead author Wayne Lawrence and his colleagues studied national death certificate data for Black people 20 and older between 1999 and 2019.

The cancer death rate for Black Americans decreased about 2% a year. The decrease was larger among men – 2.6% – than among women, who saw a 1.5% decrease. The greatest decreases were found in deaths from lung cancer among men and stomach cancer among women. Among both, lung cancer deaths saw the largest decline per 100,000 people, which experts attribute to a decrease in smoking – from 24% in 1999 to roughly 15% in 2019.

Still, Black people had “considerably higher” cancer death rates than others in 2019, according to the study. Experts have long known about the disparity, and though progress has been made, they say the numbers signal persistent structural inequities that need to be addressed.

**More:** [Black women are missing from breast cancer tumor data. And that may be killing them.](#)

Primarily systemic, the disparities are preventable, the authors emphasized. Poor doctor-patient encounters and lack of access to specialists, treatment delays, medical mistrust, along with overall “health care system failure” all fuel the

disparities, they noted. Black people and other people of color also are more likely to live in neighborhoods and communities with higher environmental toxin exposures, the authors said.

"The health care system is failing because we don't focus on prevention and risk reduction," said oncologist Dr. Otis Brawley, Bloomberg distinguished professor of oncology and epidemiology at Johns Hopkins University. "When we do focus on screening and treatment, it is given disproportionately to people of upper incomes and people who are white."

Lead author Lawrence, a National Institutes of Health Division fellow at the Division of Cancer Epidemiology and Genetics, said that while the gradual decreases are encouraging, the disparity is "troubling."

"Black individuals continue to have a delay in care and are more likely to receive poor cancer screening than their white counterparts," he said. "This shows structural inequalities that allow for Black people to have poorer cancer outcomes compared to other racial groups."

**More:** [Black Maternal Health Week: 'We have to do better,' support, listen to Black moms, experts and loved ones say](#)

Additionally, the analysis showed, deaths didn't decrease for all cancer types. Deaths from liver cancer among older Black men and women increased, and uterine cancer increased 2.9% on average every year among middle-aged adult women, the analysis found.

Black men died from prostate cancer at five times the rate of Asian and Pacific Islander men, the most pronounced gap the researchers found. Black women died of breast cancer at 2.5 times the rate of their Asian and Pacific Islander counterparts.

Though the field has celebrated novel treatments and prevention and screening improvements, "we have not benefited equally," said Weil Cornell Medicine breast surgical oncologist Dr. Vivian Bea. "We still are dying at alarming rates when you compare us to other populations."

Bea said a lack of Black representation in cancer treatment development trials has led to treatments that are less effective than they are in white patients.

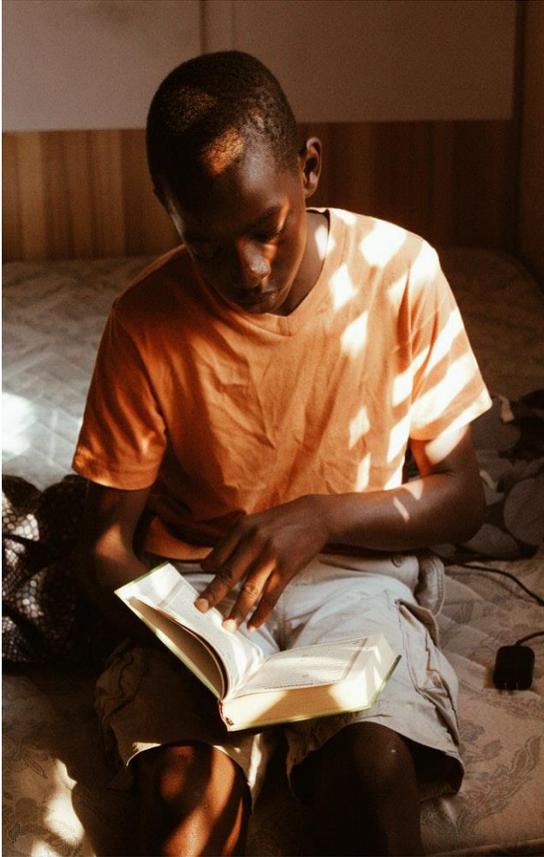
"We have to address racism head-on," she said. "It has an impact on our mortality and morbidity."

**More:** [Climate change, heat waves affect heart health, experts say. Here's why that puts people of color at higher risk.](#)

Reach Nada Hassanein at [nhassanein@usatoday.com](mailto:nhassanein@usatoday.com) or on Twitter [@nhassanein](https://twitter.com/nhassanein).

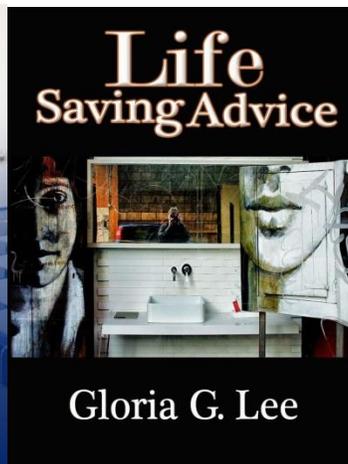
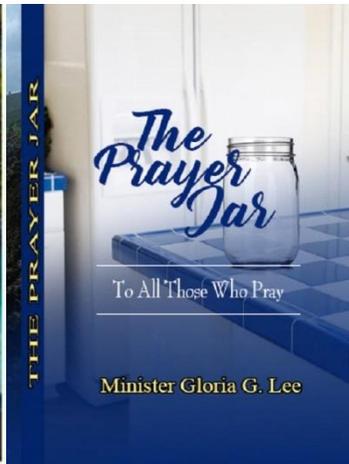
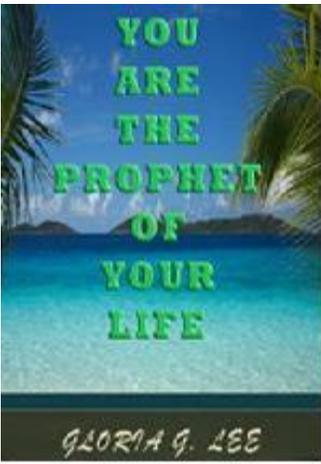
This article originally appeared on USA TODAY: [Black cancer death rates are falling but remain higher than others](#)

# Great Reading Moments



Please support our Breast Cancer Initiative by purchasing one or more of the books below. The books are on sale exclusively at WHPR TV-33 160 Victor St. Highland Park - save S&H – postage - books written to help you improve your life). Tell a friend of our campaign. We must stop this deadly disease.

**Too Many Black Women Are Still Dying of Breast Cancer.** We need to be more aggressive in our fight. Please join with the Women of Courage Show to help save women from breast cancer by purchasing one of our books to raise awareness of this issue. For more information call 734 786 3233. Our entire collection can be seen at [www.touchedbythelight.us](http://www.touchedbythelight.us) Also please go to [www.nisv.info](http://www.nisv.info) and download the pdf file **Black Women and Breast Cancer** and **send the file to 5 of your friends.** With a little assistance you can help us fight this disease. When we work together we win! We have to win this battle for the sake of our children. Thank you, Minister Gloria Lee.



The "Women of Courage" show broadcasts ever Friday from 3-4 p.m. and every Sunday from 8-9 a.m. on WHPR 88.1FM. Please join us to hear information that can save your life!

# Behind The Curtain – Humiliation

“Education is a Vaccine For Violence.” Edward James Olmos

It is humiliating to apply for food stamps. It is humiliating to be without a job. It is humiliating to see your children go hungry. It is humiliating to have your lights cut off. It is humiliating to sit at home not knowing how you are going to pay your bills. It is humiliating for your husband to leave you with the children for another woman. It is humiliating to declare bankruptcy and have the world think you do not know how to manage your money. It is humiliating to have disruptive children and not know how to help them. It is humiliating to be put out of one's home. It is humiliating to listen to a professional talk and not truly understand what that person is saying. It is humiliating to sit in court and listen to the prosecutor describe your son and watch your son being led to prison for the next 30 years. It is humiliating to know your daughter is prostituting and the son you raised is a dope dealer. It is humiliating to learn that your children do not like you and often shout words of hatred. It is now time for the humiliation to stop. You must now take your fate in your own hands and change.

## **It is insane to keep doing the same thing over and over again expecting a different result.**

You must now take the sane path and begin to change yourself one thought at a time. You are going to have to change the way you do things. To make these changes you are going to have to change the way you think. Your mind will have to produce different thoughts. Your mind will have to stop resurfacing old experiences, and old pains. Your mind will have to stop producing thoughts causing you to be afraid of a woman whose breasts are larger than yours. Your mind will have to stop producing thoughts of hatred; envy and jealousy just because your neighbor purchased a new car or that your girlfriend just got married for the second time and you have never been married once. The bars did not work for you, flashing your body to every man you saw did not work, calling yourself a Christian without faith did not work, so maybe it is time to learn from your mistakes and try something new. You must change the very fiber of your being. For changes to take place in your thoughts new information must be fed to your brain. If you want a different result from your daily activity, then you must do something differently. You must learn to read competently. That is it. There is no way to escape reading. The function of reading is to bring new information to the mind so that new information can be examined and incorporated into your daily life and used to improve your life by making you money or to bring you peace of mind.

**The first thing to do differently is to get rid of the third voice** that is directing you toward destruction. You must listen for that third voice to identify the person who has a direct input in the decisions you are making. Once located, that person must be eliminated from your life forever. Years ago, the third voice in the Garden of Eden was the serpent. The third voice successfully caused a separation between Adam and Eve. The third voice seduced Eve just like the third voice seduces Black juveniles into thinking it is easy to rob cheat and steal. The third voice seduces Black females into going into department stores to steal cloth. In some divorce cases the third voice is the wife's best girlfriend “You can do better.” At work the third voice is the person who is always gossiping looking for harmful information about his or her coworkers. Be prepared. This person may not want to leave your life without violence; they have enjoyed quite a run directing your every decision keeping you from trying new relationships, new foods or meeting new people. Why should they let go of such power and influence?

**The second change you need to make is to begin reading for knowledge.** You must make this change even if you must take a reading course to learn how to read correctly and how to build a vocabulary. Stop pretending you can read. You have not picked up a book in years to renew your mind. You are not reading because reading is an unpleasant experience. Reading and writing are connected. If you cannot organize your thoughts and put your thoughts down on paper where a person can understand you then you cannot read. If you cannot complete an employment application and write a paragraph on your experiences, you cannot read. It is as simple as that. Since you cannot read, the first step toward acquiring the information you need to conduct your life is to learn to read. Not reading is an example of a person who keeps doing the same thing repeatedly expecting a different result. Every day you keep trying to conduct your life based on information you acquired 20, 30 and even 40 years ago. Every day you feel smaller and

smaller because you truly do not understand what is going on around you. You pretend you do but you do not understand the technology and the changes being made to your environment. You are faced with words such as browser, 4G network, iPhone and you do not know what these terms mean. You purchase the apparatus, and you pretend to use the technology, but you are lost. You do not touch a computer because you do not want to feel embarrassed by not knowing something you think you should know. It is time to change. Begin reading and believing. Do it for your children. Confucius said **“No matter how busy you may think you are, you must find time for reading, or surrender yourself to self-chosen ignorance.”**

**Thirdly, you should sow a seed into someone else’s life to harvest prosperity in your life.** It is time to change. This act should raise your level of faith. God is calling for a new day. He is calling you to put aside your past hurts and press toward the future. Embrace this opportunity this is hope. Join me in a new experience, working together for a common good. What you make happen for someone God will make happen for you. **When you become involved in someone else’s dream God will become involved in your dream. Just as you open the door to the world of reading for someone child’s God will open a door for your child.** If we plant a seed of reading in children now, 20 or 30 years from this date people will enjoy reading knowing reading is the gateway to prosperity better health and better marriages. Children need to know someone cares. Plant a seed in their life. Plant a seed in our Wall Project. Plant a seed in a Breast Cancer Campaign.

**Last but not least you must begin to like yourself.** You must begin to respect yourself and you must begin to forgive yourself for not being perfect. If you do not feel good about yourself go seek the help of a professional. Make an appointment to see a psychiatrist or a psychologist today for help with your low self-esteem. Remember everything you do will affect your children. You want to be a good mother or father then deal with the issues that hold you in torment. As you learn to handle your problem you can teach these same techniques to your children helping them to be better people.

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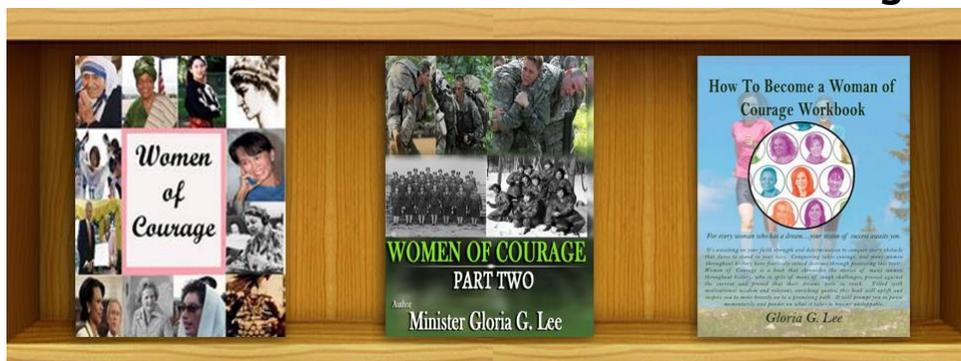
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Tune in to the Women of Courage Show WHPR 88.1FM, every Friday from 3 to 4pm and every Sunday from 8 to 9 am. – All our show are archived on youtube channel touched by the light publishing.

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PROCEEDS FROM BOOK SALES WILL HELP SAVE A LIFE



## From The Author of Women of Courage



The purpose of my writing is to affect a change in the status of women living in America thereby improving their lives and the lives of their children. I introduced the subject of courage to cause women to look at themselves differently. Women are more than their breast and buttock size. Women have poor self-images of themselves and this needs to change. They need to see the sacrifice made by millions of women years ago and the sacrifice made by millions of women today so they can appreciate themselves. Contrary to popular opinion, thousands of women have died trying to be free. Women raped and murdered on college campuses were trying to be free. Waitresses murdered after work were trying to be free. Women murdered walking to and from work were trying to be free. Women who divorced their husbands were trying to be free. Women working alone in convenience stores were trying to be free. Let no one tell you that women have not died trying to be free. Every day when women go to college, wait on tables, walk to and from work, or divorce their husbands they exhibit courage.

Do you know how many divorced women are murdered each year by their ex-husbands? Do you know how many married women attending college are murdered each year e.g. Mrs. Kaiden Ramsey, 22, 2009, Mrs. Monica Long, 21, Mrs. Nancy Lynn Wanless, 21, and Mrs. Diana Gonzalez, 2010. Do you know how many women are assaulted on the street going to or from work: e.g. Between December 30, 1987 and January 19, 1987 Mr. William Marguetty, 28, of Massachusetts stabbed four women on the streets of Quincy and Milton. He attacked the women in broad daylight. Two women were walking to work another woman was jogging. Aphrodite Plakias, 28, was stabbed December 30, 1986, and Kelda Caldwell, 28, was stabbed January 16, 1987. Both women were from Quincy. Patricia Sullivan, 42, of Medford was stabbed January 19, 1987. She was walking to work. The women survived the attack. After Mr. Marguetty was arrested and charged with the murder of Ann Gillietti, he was charged with assaulting the four women. February 26, 1988, Judge Roger J. Donahue of the Norfolk Superior Court sentenced him to 80 years in prison for stabbing four women. The judge said, "This is a case that demands severe punishment." Many of the women assaulted and or raped and murdered in Northern Mexico are assembling line workers trying to make living to take care of their family. There is no way these murders should continue on our borders. History never describes women with respect to courage. We think about perfume, lipstick, and brassieres when we think about women. Women are inundated by brassiere ads. Newspapers and television still refer to women by their bra size. Newspapers and television have totally disregarded showing women working in the trenches of society. Newspapers, magazines, and television continue to feed women a daily diet of beauty. When have you heard these mediums describe women with respect to reading, with respect to knowledge or courage? Never! Women are always described with respect to perfume, lipstick, and brassieres. We never think that it takes courage for a woman to live. We never look at the amount of violence inflicted upon women every day and we never think about what courage it takes to face this violence day in and day out. If you want to know the courage it takes to be a woman read the stories of the Black women lynched in this country. It is not by accident that the news mediums of this country attempt to brain wash women day in and day out. It is all about money. These mediums did the same to the black slave. Malcolm X once said that some black slaves were so indoctrinated that when their master said he was sick the slave would say "we're sick." Women are constantly being told to enhance their breast or buttocks never their mind. Women do not appreciate they are the largest work force in the world and their bodies are being sold every day for 10 cents on the dollar. Women need to realize the only people who can bring about this change in the status of women are women.

No one else can bring about this change other than the woman. Women must begin seeing themselves in a new light. Women are going to have to make up in their minds once and for all that they want to be free in mind and body. Women are going to have to make up in their minds that freedom is something that is taken not given. Women, especially American women, are also going to have to accept the fact that their daughters may not want to live the life their mothers lead and if American mothers refuse to stand up for their right to self-determination their daughters may find themselves on the battlefield. Women do not want to be told what to do any more. Women do not want to be told where to eat, what to wear, what car to drive what house to buy or how many children they must have. If men and the church continue in their efforts to return women to their 1940 status, women will find themselves with a gun in their hand. This country fought one war based on color let us not fight a war based on gender. Finally, women are going to have to accept the creed one for all and all for one. We are the same whether you are a White woman from Georgia or a Black woman living in Arizona. We are the same. Hate if you must but ignorance is a plague on us all. When Planned Parenthood is attacked it affects us all. Just as many poor White women will be without needed health care as Black women. We are one gender. You may want to believe that money and privilege differentiates you from me but the deciding factor in life is courage and self-determination. I wrote *Women of Courage* because I believe women must begin at home if a change is going to be seen everywhere. I wanted to acknowledge that the women of India are standing up against rape. Women of Saudi Arabia are standing up for the right to drive and the women of Africa are standing against genital mutilation. Sadly, Afghanistan women are still being forced to marry their rapist. In my writing I chose various topics and related the topics to religion. I discuss religion in my writing because religion is truly a medium of **change**. Either one believes in God or he or she does not believe in God. For those people who believe in God, who say they are a Christian, my writings should cause them discomfort and cause them to reflect on their behavior toward others. For those individuals reading my book who do not believe in God, the gospel will be there for them to evaluate their conduct with respect to their sense of right and wrong. Do not be apprehensive by my discussion of religion. I am neither a zealot nor a member of the America Taliban believing religious dogma should be forced down the throats of others; believing I am the only person who knows what is right. I am no such monster. I do not believe in bombing abortion clinics, shooting doctors, or standing on television telling people they are going to hell. I see religion as a tool. Religion is an excellent tool to use to change behavior. One read of [The Devil's Cauldron](#) and [If You Believe In God You Don't Belong In Prison](#) will demonstrate I have much more on my mind than religious conversion. I am not a do-gooder trying to save souls. I am a do-gooder trying to save the lives of thousands of women and children each year and to prevent the sexual exploitation of women and children. I use religion in some of my books to explore ethics and social responsibility. I developed this style in 2004 when I started writing *The Career Rapist*. I was sitting at my desk asking myself, "Why such violence?" when I saw the problem. I saw there was a lack of morals and lack of empathy and social responsibility causing violence against women. I saw a lack of God. There were no social constraints exhibited by men. President Theodore Roosevelt Jr. said, "To educate a person in mind and not in morals is to educate a menace to society." In this book I deliberately developed the subject of courage to lead into instances of violence against women and children. I could not complete a discussion regarding courage without discussing violence against women. There is a corollary between violence against women and children and economics. There is a corollary between violence against women and children and the abuse by church leadership. Church attendance by women is far greater than men, yet they rarely hold office in the churches. The churches are run by the pastor and the deacons. 'Have women help you build bigger and bigger churches while children starve.' Maybe the children can eat the manicured grass in front of the church. There is a corollary between violence against women and children and education and employment. And there most certainly is a corollary between violence against women and children and the lack of character and integrity in individuals that bring about this violence.

Most assuredly it is new, the mixture of religion and violence against women but what better pairing is there when discussing violence against women and children? For it is the church that dictates the morality and the conduct of a country and since men are the perpetrators of violence and men hold the seat of power in every religion in the world it is fitting that the problem of violence against women and children be brought to the doorstep of the church since the church has ignored the abuse of women and children for centuries. There should be finality to the solving of a problem. Either we eradicate the measles, or we do not. Either we eradicate violence against women and children, or we do not. What will it be? The church needs to answer this question instead of preaching every Sunday about sinners going to hell. My final point to women is they need to study economics. They really should begin to understand their relationship to the country's economy. America is the richest country in the world, yet we have millions and millions of women and children living in poverty in every state of the union. This should not be. Poverty and the lack of education is blight on this nation. Class, poverty, and the lack of an education are factors that are excluding people from the job market. How can our GNP be 14,074,200,000 and we have 5 million men either in prison or associated with the criminal system on parole, probation, etc., and we have millions of women and children living in poverty? The men in prison and the women and children living in poverty are not enjoying this gross national product. Our prisons have become holding structures for men (both young and old) that the country believes it no

longer needs. If you cannot read or write, what good are you so we shall put you in prison? Since you are among the excess children being born in this country to indigent mothers and absent father, we are going to put you in prison. You do not have any money so sooner or later either you are going to steal or kill and then we shall put you in prison. This type of disparity is what fosters counter cultures.

When a man is refused employment, he does not go home and blow his brains out he creates a system of economics based on stolen cars, the selling of drugs, and other illegal activities. Imagine what the GNP is for the average dope dealer or the man who peddles flesh. Every country in the world has got on the band wagon of selling drugs and women and children in America. Come to America and sell your drugs. Come to America and prostitute your women. Riches await you. So when a man is refused employment he begins selling women and children, or rapes them. The gross domestic product (GDP) or gross domestic income (GDI) is the measures of national income and output for a given country's economy. GDP is defined as the total market value of all final goods and services produced within the country in a given period of time (usually a calendar year). It is also considered the sum of value added at every stage of production (the intermediate stages) of all final goods and services produced within a country in a given period of time, and it is given a money value (source Wikipedia). Women are told everyday through television and magazines the only way out of poverty is through sex and the use of her body. Herein lies the trap. The way out of poverty is not the use of one's body; the way out of poverty is education and the abstinence of sex. Television and magazines make their money selling sex. What good would television and magazines be to advertisers if they told women to read, read and read? There would be a translation of power and who wants that not the men who are running this country. The church and thousands of businessmen make millions of dollars by keeping women ignorant and desperate. Women face violence every day. Women face sexual violence, economic violence and physical violence every day and no one discusses the courage it takes for women to face this violence and continue to try and live as person. Think of the courage it takes for a woman to board a bus early in the morning before dawn just to get to work. Do not think she is not scared. Think of the courage it takes for a woman to walk home around 10 pm after working a full day at a fast-food restaurant. Do not think she is not scared as she walks home. Everyone working at McDonald's cannot afford a car. Question, do you know of the number of women murdered each year while trying to get to work? Women need to understand the use and abuse of their bodies is tied to the economy. Just like the use and abuse of the Black man's body was tied to the economy. There are more than 25 million children in this country that have lived in homes without their fathers. Many of these children are the result of the advertising frenzy directing women toward sex and using their bodies to either seek husbands or to make a living. In closing, my true wish once you have read these books is that you will look at yourself and other women differently. You have no idea of the personal battles a woman is fighting especially those trying to take care of their children. I want you to truly understand the courage it takes to be a woman. To leave one's husband with five children in tow is truly an act of courage. P.S. For the second time since I began this project a man told me women would not read my book. He said women will feel they have something better to do than to read a 500 page book. Let us see if he is right. God Bless. Join me in this fight to full liberation of women

## **A medical student discovered she had neck cancer during a class on cancer screening, report says**



A medical student discovered she had neck cancer during a class on cancer screening, report says

Anna Medaris  
Mon, May 16, 2022, 4:33 PM

A woman undergoes a thyroid screening.fotostorm/Getty Images

- Gabriella Barboza's professor found disturbing signs of neck cancer during a med school simulation.
- Barboza, 22, had papillary thyroid carcinoma, the most common type of thyroid cancer.
- After having her thyroid removed and other treatments, Barboza is cancer-free.

Gabriella Barboza was a third-year medical student in Brazil when her professor asked her to help demonstrate how to check for neck tumors. But Barboza played the patient role a little too well — startling the doctor, who noticed some disturbing signs and encouraged her to get her neck officially checked out, [the New York Post said Newsflash reported](#).

Barboza took his advice and learned she had [papillary thyroid carcinoma](#), the most common type of thyroid cancer, the Post reported.

"When I found out, my world collapsed," Barboza, 22, told Newsflash of her 2020 diagnosis.

"I kept thinking: 'I'm too young to face this,'" she told Newsflash. "I cried a lot and didn't want to believe it. It's a moment when you see things can end."

PTC is most common in women under 40, [according to WebMD](#). It's unclear what causes it, but it's linked to some genetic conditions and can be a complication of radiation for other cancers. Because it's slow moving, it's typically treatable.

It may not cause symptoms, but as the disease progresses, it can lead to a lump, difficulty swallowing and breathing, and a sore throat.

By the time Barboza's cancer was caught, it had spread to other parts of her neck like her esophagus, Newsflash reported. Still, she was able to treat it by having her thyroid and other neck tumors removed and undergoing iodine therapy to kill lingering cancer cells.

In 2021, Barboza was declared cancer-free, the Post reported.

She's thankful she went to class the day of the neck-cancer detection lesson, the Post reported: "Maybe I wouldn't have discovered the disease so soon, my diagnosis would have taken much longer and it could have been more serious," she said.

Barboza told Newsflash the experience has given her a greater appreciation for her chosen profession, and what it's like to be a patient.

"I always wanted to be a doctor to take care of others and heal people, regardless of speciality," she said. "But after what I went through as a patient, I think my perspective has changed."

Read the original article on [Insider](#)

**I got breast implants after beating breast cancer. They made me even sicker than I was before.**

Rachel Garlinghouse  
Tue, May 17, 2022, 11:52 AM

The author after breast surgery. Courtesy of Rachel Garlinghouse

- I was diagnosed with breast cancer in 2017 and got implants after my mastectomy.
- I experienced 29 different symptoms, including constant pain that made me want to crawl into bed.
- Removing my implants was the only solution for me.

One of the best days of my life was the day I had surgery to remove my breast implants. After three and a half years of scans, labs, and appointments, I was finally free of the silicone bags sewn into my chest that were making me sick.

I made the decision to get breast implants just a few weeks after being diagnosed with breast cancer in 2017. Implants were supposed to help me feel womanly, whole, and normal after my mastectomy. My implants looked perfect.

However, I was not only in constant shoulder and rib pain, but I had 29 debilitating symptoms which I learned by doing my own extensive research were from [breast-implant illness](#), or BII. It turns out, [I'm not alone](#).

Though breast-implant illness is not an official, diagnosable medical condition, many of us who have had breast implant side effects are certain that it exists.

## **My breast implant symptoms started in 2019**

Some of my symptoms included fatigue, dry eyes, increased anxiety, weakened bladder control, acne outbreaks, and I was told I may have lupus.

I woke up many mornings with my joints inflamed, my toes turning a purplish color, and I experienced a pulmonary embolism. There were many days I couldn't get out of bed, experienced brain fog, and would forget what I was saying mid-sentence.

I look back at pictures of myself before I explanted, and I see someone with a lot of facial inflammation, yellow-tinted skin, and thinning hair. All my symptoms began in 2019, about two years after getting implants, with the exception of the pain, which started immediately after surgery and stayed with me.

I could barely function, even on my best days. Keeping up with my four kids was nearly impossible. They were active and up for adventures, and all I wanted to do was crawl in bed and never wake up from the medical nightmare I was facing. I didn't just sit around, though. I pursued medical help.

I had an MRI, a CT, and many lab draws. I saw 10 doctors, but not one of them suggested that my implants could be making me sick. In October of 2021, [the FDA issued new, strict breast-implant guidelines and also mentioned BII](#) as something that may be resolved with the "removal of the breast implants without replacement."

## **Doctors told me it was possible my breast implants were making me sick**

A person cannot be diagnosed with breast implant illness, because it's technically not yet an official medical condition.

However, after speaking with two of my doctors about my symptoms, they both confirmed it was possible that my implants were making me ill. They both also told me that they've had other patients explant and see major health improvements, which made my decision to remove the implants even easier.

Dr. David Rankin, founder of [Aqua Plastic Surgery](#) in Florida and the chief of plastic surgery at St. Mary's Medical Center in West Palm Beach, is a well-known explant — that's the removal of breast implants — surgeon who is booked through December 2023.

According to Rankin, breast-implant illness is "an array of systemic symptoms believed to be caused by the breast implants, which typically resolve when the implants and capsules are removed."

As a person who had breast implant illness and is active in the BII community, I remember being told that implants are overwhelmingly safe and complications are rare. However, there are large social-media groups dedicated to women who have become ill from their implants. [One group has over 160,000 members](#). Many of us are told that our symptoms are all in our heads, and we're offered anxiety medication.

Four years ago, Rankin stopped offering breast-implant surgeries and chose to focus on explanting instead. He shared with me that a whopping 85% or more of his patients feel better after their explant surgery.

Breast implants were supposed to make my life better after cancer and losing my own breasts. However, my implants brought me nothing but agony, and I am so thankful that my health has resolved after removal.

Read the original article on [Insider](#)

## **Doctors told a 29-year-old she had anxiety and that she was 'too young for cancer.' She had stage 4 kidney cancer.**

Doctors told a 29-year-old she had anxiety and that she was 'too young for cancer.' She had stage 4 kidney cancer.

Anna Medaris

Tue, May 17, 2022, 4:36 PM

Woman having lower back pain.sutteerug / Getty Images

- Katie Coleman saw eight doctors for a racing heart and high blood pressure. They called it anxiety.
- After losing weight, she noticed a mass in her abdomen. Tests revealed stage 4 kidney cancer.
- Young women are speaking up about the life-threatening consequences of not being taken seriously.

Katie Coleman knew something was wrong: She had high blood pressure and a racing heart, despite being 29 years old with no previous health issues.

But over the course of a year and a half, doctor after doctor — eight in total — told her she had anxiety, and continued to put her on anti-anxiety meds. "Two doctors told me I was too young for cancer when I asked. It made me feel like a hypochondriac," Coleman, a software developer in Austin, Texas, [told Today.com](#).

Coleman tried to solve the problem herself by losing 50 pounds by walking daily and eating well. That's when she a mass on her abdomen became prevalent. "The best way that I can describe it is it felt like I had six-pack abs on that side, but I don't have a six-pack in any way, shape, or form," Coleman said.

After a nurse at an urgent care clinic encouraged her to go the ER, Coleman underwent an ultrasound and CT scan in December 2020. The tests revealed an almost 5-inch mass on her kidney and several tumors in her liver, she told Today.

She was diagnosed with a rare type of [renal cell carcinoma](#), which had spread to her liver, deeming it stage 4.

"I almost felt a sense of relief because for once, I had somebody sitting across from me who believed me and there was a reason for why I had been feeling terrible," she said.

After a couple months of treatment that Coleman doesn't specify, she underwent surgery six months after the diagnosis. The procedure is typically reserved for earlier-stage cancers. Doctors took out her right kidney and pieces of her liver. They also burned off some liver tumors, she said.

Now, nearly a year after the first procedure, Coleman's liver is being monitored. She doesn't know her prognosis given the rarity of the disease.

"Today, I'm feeling great," she said. "I actually feel the best I've felt in my entire life, which is really weird to say with stage 4 cancer. I'm very appreciative for however long a period of time I get to feel this way."

## Women are particularly at risk of medical gaslighting

Research shows women are among the most vulnerable to what is often called [medical gaslighting](#), or when medical professionals dismiss a person's symptoms, deny tests or treatments, and ultimately misdiagnose them.

"They're not being believed, and that's causing significant delays in care, misdiagnosis, late diagnosis, ineffective treatment, and ineffective triaging," [Dr. Garima Sharma](#), a cardiologist at Johns Hopkins, [previously told Insider](#). "Women are paying a very heavy price."

While Coleman said she doesn't blame the doctors for not catching her disease earlier, other young women have spoken out about the consequences of not being taken seriously.

Georgia Ford, a 20-year-old law student in the UK, said her heartburn-like symptoms were chalked up to alcohol misuse. She was [later diagnosed with an incurable cancer](#).

[Wakisha Stewart was also told her crushing pain](#) and nausea was anxiety at age 31; she really had a type of heart attack most common in new moms.

"I want the medical community to start opening up their eyes and not accusing women or misdiagnosing women as having panic attacks or anxiety attacks, because it could be more," Stewart told Insider.

Some studies have found women patients tend to wait longer for [cancer](#) and [heart disease diagnoses](#) than men. [One study](#) showed that younger women were two times more likely than young men to have a medical expert give a mental-health diagnosis when their symptoms pointed more to heart disease.

Sharma encourages her fellow medical professionals to trust women's concerns — regardless of, or perhaps because of — their lack of apparent risk factors.

"The fact that they are in the ER at that time means that they're so worried about their symptoms that they're ready to drop everything that's more important to them," she said. "If a young woman comes in and is really saying, 'this does not feel right,' they need to believe her."

Read the original article on [Inside](#)

## A 30-year-old's hoarse voice and back pain turned out to be lung cancer

A. Pawlowski

Wed, May 18, 2022, 8:47 AM

Just as 2022 began, Jordan Turko noticed he had a hoarse voice and pain in his back.

But as a “super healthy” 30-year-old frequent flier and hot yoga fan who exercised six days a week, he wasn’t alarmed at all. He blamed both symptoms on a suspected case of COVID-19 over the holidays when lots of people contracted the omicron variant.

Still, he noticed the hoarse voice didn’t go away for weeks. The back pain also lingered and had moved into his lower back, pelvis and legs. He could feel the ache deep in his bones.

When Turko decided to visit a walk-in clinic to see a doctor at the end of February, it eventually led to a chest X-ray, CT scan, biopsy and bronchoscopy.

It was finally April when he received the stunning diagnosis: stage 4 [lung cancer](#), with a 4-inch tumor wrapped around his pulmonary artery and tumors growing all along his spine. They had also spread to the surrounding lymph nodes, his liver, and pelvic and leg bones.

Before getting the news, lung cancer didn't even cross Turko's mind.

“Who would have guessed that? Even now, in hindsight, who would be like, ‘Oh, your back is in pain. You have lung cancer,’” Turko, an entrepreneur who lives in Edmonton, Alberta, told TODAY.

“(Doctors) think the tumor actually started in January, which is crazy to think it grew to 4 inches in a couple months and spread throughout the entire body.”

## Hoarse voice as symptom of lung cancer

Turko said he had “literally zero” health problems before his diagnosis and didn’t even know how to get a prescription filled. Two of his great uncles had lung cancer, but they were both diagnosed in their 70s after a lifetime of heavy smoking. Turko smoked a little bit when he was younger, but doctors told him that was unrelated to this aggressive cancer, he said.

It’s not uncommon to have a hoarse voice as a symptom of lung cancer, said Dr. MeiLan Han, a pulmonologist at the University of Michigan Health System and author of [“Breathing Lessons: A Doctor’s Guide to Lung Health.”](#)

“This is due to the cancer impinging on or invading the recurrent laryngeal nerve, which actually travels down into the chest cavity, under the arch of the aorta and back to the larynx,” Han, who is not treating Turko, but commented in general, told TODAY.

A growing tumor can lead to paralysis or weakness of that nerve. Turko said his left vocal cord was paralyzed, affecting his voice.

Most people diagnosed with lung cancer are 65 or older, according to the American Cancer Society. Han pointed to a [study](#) that found it’s “exceedingly rare” for younger adults to have it, with about 1.4% of lung cancers occurring in people under 35.

Turko has [non-small cell lung cancer](#), a type that accounts for up to 85% of lung cancers, according to the American Cancer Society.

Of those patients, 4% have ALK positive lung cancer — an error in a specific gene — which affects younger people who also tend not to have a smoking history, the [American Lung Association](#) noted. Biomarker tests confirmed Turko was ALK positive, which meant he qualified for [targeted drug therapy](#).

## 'Be vigilant with your health'

After initially feeling overwhelmed, Turko vowed to maintain an “unbreakable positive attitude.”

“I felt the entire time that I am going to live, that I’m going to survive — from the moment I was diagnosed, I felt that way,” he said.

“It’s so easy to get lost in the despair of it. It’s OK to let your emotions roll over you, and I certainly did. I certainly had those feelings, too. But if you stay there, you’re more likely to die. If you can find your way out of that... you’re giving yourself the best chance possible.

Doctors worried the tumors in his spine could paralyze him, so Turko underwent emergency radiation treatment in late April to push the cancer back. He’s now receiving the targeted drug therapy in pill form and hoping his body will respond well.

Turko was grateful for all the strangers who reached out to him after he [wrote about this diagnosis on social media](#) and urged others to pay attention to their body.

“Cancer doesn’t discriminate, including against young people. Be vigilant with your health,” he said.

## **A mom said her severe pain was dismissed as anxiety for a year. Then, while undergoing a c section, she learned she had terminal cancer.**

Anna Medaris

Fri, June 3, 2022, 3:45 PM

Natthawon Chaosakun/Shutterstock

- Lois Walker said she made 20 calls and multiple ER visits due to pain, swelling, and bowel issues.
- Doctors told her she had health anxiety, even when her pregnancy became so painful she threatened suicide.
- During a c-section, doctors found tumors in multiple organs. She doesn't know how long she'll live.

*Content warning: this article mentions suicide.*

When Lois Walker started experiencing strange bathroom habits and a swollen belly in June 2020, doctors suspected irritable bowel syndrome.

When her symptoms worsened, the 37-year-old UK mom said her general care doctor thought it was "health anxiety," and put her on an anti-anxiety medication, according to [multiple media reports via the UK media group SWNS](#).

- ADVERTISEMENT -

Even when she asked her doctor if it could be cancer, due to her history with skin cancer, he dismissed her symptoms as age-related, she said.

It took 20 calls to her doctor, multiple ER visits, and an excruciating pregnancy that led to a c-section more than a year after her symptoms began for Walker, now a mom of three, to learn she has incurable stage-4 cancer. She's now speaking out against the UK health system and urging doctors to believe patients' pain.

"If there is just one medic who reads this and thinks 'we need to do better,' that's all I want," she [told the BBC](#). "I would not want anybody to go through what I'm going through."

## **Walker's pregnancy was so painful she told doctors she would kill herself and her unborn baby**

Walker's extreme symptoms during pregnancy didn't prompt further investigation until it was too late, she said.

At about 14 weeks pregnant, she said she couldn't walk or eat due to the pain. It only got worse.

By nine months pregnant, she said she weighed the same as her pre-pregnancy weight, but doctors weren't concerned.

"Then the final straw was when they had to get the mental health team involved because I said that it had reached the point where I would have to end both our lives, and I feel ashamed to say that," she said, SWNS reported. Walker was hospitalized and given morphine, but the cause of her symptoms were left unexplored.

Finally, after pushing her doctor further, clinicians found a mass behind her uterus, which led to the c-section in September 2021, she said. There, they found tumors in her ovaries, abdomen and lymph nodes. The cancer had also spread to her bowel and liver.

"They just said, basically, that my abdomen was so diseased that they needed to send off some biopsies, and I'd have to wait. But I knew anyway," Walker said. "The doctor actually grabbed my hand and he cried, and he actually said that he'd let me down."

Walker has undergone chemotherapy and operations, including a hysterectomy. She's planning a double mastectomy too, according to a [fundraising page](#) started by her sister. The family considers the baby, Ray, a miracle.

"It's been really, really hard," Walker told the BBC. "I didn't want to get attached to him, but he is my ray of sunshine. My kids are my purpose. I want to concentrate on making memories. If love could save me, I would never die."

## **Young women are more likely to be victims of 'medical gaslighting'**

Research shows women are more often victims of [medical gaslighting](#), or when medical professionals dismiss a person's symptoms, deny tests or treatments, and ultimately misdiagnose them.

More and more are speaking out. It took 23-year-old Chloe Girardier five months and seven doctor's appointments to get her persistent cough and [weight loss](#) to be taken seriously, [The Sun](#) reported. She had [Hodgkin's lymphoma](#), a rare cancer that required her to undergo intensive chemotherapy.

Amanda Lee, a 28-year-old actress and wedding photographer, said her doctor called her severe stomach pain "not such a bad thing" since it was leading to weight loss, according to [Today Health](#). She was later diagnosed with stage 3A colon cancer.

20-year-old Georgia Ford said her pain, spasms, vomiting and weight loss were dismissed as being "all in her head." [She had stage-4 kidney cancer.](#)

Women are "not being believed, and that's causing significant delays in care, misdiagnosis, late diagnosis, ineffective treatment, and ineffective triaging," [Dr. Garima Sharma](#), an internal medicine physician and cardiologist at Johns Hopkins previously told Insider. "Women are paying a very heavy price."

Read the original article on [Insider](#)

# Actress Kelly Preston, John Travolta's wife, dies aged 57

Published

13 July 2020



Image source, AFP

Image caption,  
Travolta and Preston were married for almost 29 years

**Kelly Preston, the actress and wife of John Travolta, has died aged 57.**

[Travolta posted on Instagram](#): "My beautiful wife Kelly has lost her two-year battle with breast cancer. She fought a courageous fight with the love and support of so many."

The couple had been married for nearly 29 years. Preston's career included roles in *Twins*, *From Dusk Till Dawn*, *Jerry Maguire* and *The Cat in the Hat*.

She also collaborated with her husband on *Battlefield Earth* and *Old Dogs*.

In his post, Travolta thanked the health workers who had looked after his wife "as well as her many friends and loved ones who have been by her side".

"I will be taking some time to be there for my children who have lost their mother, so forgive me in advance if you don't hear from us for a while. But please know that I will feel your outpouring of love in the weeks and months ahead as we heal. All my love, JT".



Image source, AFP

Image caption,  
Preston promoted the film *Gotti* at the Cannes Film Festival in 2018

[Ella wrote on Instagram](#): "I have never met anyone as courageous, strong, beautiful and loving as you."

A family representative [told People magazine](#) that she died on Sunday morning and that she had kept her cancer diagnosis private.

"She had been undergoing medical treatment for some time, supported by her closest family and friends," the family representative said.

"She was a bright, beautiful and loving soul who cared deeply about others and who brought life to everything she touched. Her family asks for your understanding of their need for privacy at this time."

Born Kelly Kamalelehua Smith in Honolulu, she changed her name to Kelly Preston before securing her first film role in the 1985 romcom *Mischief*, then appeared in another teen comedy, *Secret Admirer*.

Russell Crowe was among the Hollywood stars paying tribute, remembering Preston as "a lovely person" and a "sparkly eyed gem".

## Marnie Schulenburg, Actress on 'As the World Turns' and 'One Life to Live,' Dies at 37



Mike Barnes

Wed, May 18, 2022, 4:07 PM

Marnie Schulenburg, the soap opera actress who portrayed Alison Stewart on CBS' *As the World Turns* and Jo Sullivan on the *One Life to Live* reboot, has died after a battle with stage 4 metastatic breast cancer. She was 37. Schulenburg died Tuesday at a hospital in Bloomfield, New Jersey, her rep Kyle Luker at Industry Entertainment told *The Hollywood Reporter*. Survivors include her husband, *Succession* and *Sorry for Your Loss* actor Zack Robidas — they married in September 2013 — and their daughter, Coda, 2. She was diagnosed five months after Coda's birth in December 2019.

Schulenburg made her daytime debut as Stewart on CBS' *The Young and the Restless* in 2007 after the character was re-introduced in the online production "Digital Daytime: L.A. Diaries," which also starred Adrienne Frantz (Amber Moore on *Y&R*). Schulenburg played Stewart on *As the World Turns* through the show's cancellation in 2010 — she received a Daytime Emmy nomination that year — then joined *One Life to Live* as Sullivan when the ABC stalwart returned as a web series on Hulu and iTunes in 2013.

The daughter of a concert trombonist, Schulenburg was born on May 21, 1984, in Cape Cod, Massachusetts. She attended Barnstable High School in Massachusetts and DeSales University in Center Valley, Pennsylvania, graduating with a degree in theater in 2006. A onetime gymnast, she appeared in plays for the Pennsylvania Shakespeare Festival and for the Dramatists Guild of America in New York City before landing on television.

Schulenburg also guest-starred on such primetime shows as *Blue Bloods*, *Royal Pains* and *The Good Fight* and this year recurred as Maggie Caysen on the Showtime drama *City on a Hill*. She was released from the hospital on Mother's Day to spend time with her husband and daughter, the website [SheKnows Soaps](#) reported.

"I know that me being here for [Coda] is the best gift I can give her," she wrote recently, "but right now, it feels like settling since she's getting a half-life version of myself. My mother showed up 100 percent all day every day for me growing up, or at least it seemed that way. I want to give Coda the same, but I must be kind to myself and remember that nothing is permanent."

# College hockey players become cheerleaders and brothers to their teammate battling cancer

Seth Carnell, USA TODAY  
Sun, June 5, 2022, 6:00 AM

Imagine you're an All-American collegiate hockey player. It's your 25th birthday, you feel fit and healthy, and life seems full of possibilities. But then you're blindsided by a catastrophic medical diagnosis. You have cancer.

That was the mind-numbing reality for Luke Davison, who was just about to begin his senior season at St Norbert College in De Pere, Wisconsin.

"It was a five-minute phone call," Davison told WBAY-TV. "Basically told me I had cancer, and I had to go get a scan to see how bad it is."

The scan revealed he had Stage 3 advanced Hodgkin's Lymphoma, and Davison was told he faced several rounds of chemotherapy.

"You go from the highs of the highs in the sports world and in life to the lows of the lows," St. Norbert's Head Coach, Tim Coghlin, told Green Bay's The Press Times. "We were devastated when it came out it was cancer, and this was a thing he was going to have to battle."

Davison was scheduled to have a port put into his chest for chemotherapy at Aurora Baycare Medical Hospital in Green Bay, Wisconsin. A GoFundMe was on its way to exceeding \$30,000, and of course, he had the sympathy and support of friends and family. Nevertheless, the walk up to the hospital on a grey and windy morning was daunting. But he wasn't alone.

***Watch the video above to see Luke receive an incredible display of love and support from his family, friends, and teammates.***

At the hospital entrance, Luke was treated to an unforgettable welcome from his entire hockey squad, plus coaches, friends, supporters, family, and even the team mascot. Banners and signs bore heartfelt messages, while fist bumps and embraces filled his heart with the spirit of the locker room.

The touching gesture was organized by Luke's friend and teammate Tim Nicksic, who reached out to Davison's fiancé for details of his first appointment.

"Everyone was on board, and I didn't know how it was going to go," Nicksic said. "We got there, and we got the Norby Knight costume, the coaches came, and we're all dressed up in our St. Norbert hockey outfits."

The surprise went even better than planned and had a profound effect on Luke.

"I was so happy to show up for the hospital because I saw like all my teammates there, coaches. And it was just like, alright this is no big deal. I got everybody behind me," Davison said.

And the outpouring of support didn't stop when Luke entered the hospital as his hockey squad continued to rally around him for the duration of his chemotherapy, even shaving their heads to make him feel better after his own hair began falling out due to the chemo.

"My teammates were the biggest factor in keeping me sane and spreading positivity the best they could," Luke said. "They were incredible throughout the process."

The display of camaraderie and team spirit filled Luke's coach with pride. "The troops rallied hard around him," said Tim Coghlin. "Everybody was in his corner. Our group was tremendous from start to finish."

And the team's gesture did not go unnoticed, as the video of their welcome committee grabbed attention all over the tight-knit hockey world. Buffalo Sabres Head Coach, Don Granato, was among the first to make contact, and even had a jersey made to hang in the locker room bearing Davison's No. 28.

Meanwhile, all-time great, Mario Lemieux, who had two bouts of Hodgkin's Lymphoma during his NHL career, sent a letter of support, a signed hockey puck, and a tee-shirt from the Mario Lemieux Foundation. "I can't imagine people going through this alone because I've gotten so much support, and it's still hard," Davison said.

"It was amazing to see the amount of support in the hockey community," said Coach Coghlin. "Lots of prayers and lots of faith; that's how you get through it."

The treatment was grueling, though Luke did his best to keep up with his studies, working with his professors to finish his classes at St. Norbert to earn his degree.

Finally, after six months of chemo, the story had a happy ending when Luke learned he was cancer-free

"It's a new chance at life," he told The Press Times. "It's helped me learn not to take things for granted and show the people in my life you love them and how much they mean to you."

*This article originally appeared on USA TODAY: [College hockey team cheers on teammate as he begins cancer treatment](#)*

## **Virgin Atlantic's CEO Shai Weiss says he has cancer and had a tumor removed but will keep working: report**

Sam Tabahr  
Sun, June 5, 2022, 6:45 AM



Shai Weiss says he is being treated for stage-three colon cancer. Steve Parsons/Getty Images

- Shai Weiss, CEO of Virgin Atlantic, says he has stage-three colon cancer but is continuing to work.
- In an interview with The Sunday Telegraph, he also revealed that he had a tumor removed.
- Richard Branson's airline recently said cabin crew will be allowed to display tattoos when working.

The CEO of Virgin Atlantic has revealed he has cancer and had a tumor removed but will continue to run Richard Branson's airline while being treated.

In an interview with the UK's Sunday Telegraph, Shai Weiss said he discovered he has stage-three colon cancer after seeking medical advice as he struggled to shake off an extended bout of tiredness after catching Covid.

"We've caught it in time. It's not spread to other major organs. So this chemotherapy is to ensure there's no recurrence of cancer."

Weiss told the newspaper that he is undergoing a three-month course of chemotherapy to remove cancerous cells in the surrounding lymph nodes.

"I'm still working. But there are days I'm off. When I need to go to treatment," Weiss added. "When I'm in a bad state, not all my days are perfect, not all my days are great, and it's not all smiles."

Weiss is not the first business leader to carry on working after being diagnosed with cancer. In 2014 [JPMorgan CEO Jamie Dimon](#) revealed that he had throat cancer, and although he made fewer public appearances, he continued to run the Wall Street bank.

The former [CEO of Goldman Sachs, Lloyd Blankfein](#), shared in 2015 that he had been diagnosed with lymphoma.

Weiss, however, stressed that he did not feel sorry for himself: "It's just something that I've got to get through. I understand all the risks, but my efforts are focused on getting well and getting back. For myself, my family, my friends, and the company."

Weiss has been Virgin Atlantic's CEO since January 2019 but joined in 2014 as its finance chief. Last week Virgin became the first [UK airline to allow](#) its cabin crew to display tattoos while working.

In the interview, Weiss said he continued to look forward rather than backward: "I'm a positive individual. Why would I be looking back? I'm looking forward – that's who I am."

Despite continuing to work, he did not underestimate the toll his treatment would take: "There's nothing good about cancer to be categorical. Chemo is a terrible thing. It needs to attack the body – it's poison."

A Virgin Atlantic spokesperson said: "We have always taken pride in being very open and transparent with our people. In early May, Shai shared with them that he was recently diagnosed with colon cancer. Following a successful operation, he is now undergoing a programme of chemotherapy and with the support of an excellent medical team, he expects to make a full and complete recovery."

"Shai will continue to lead Virgin Atlantic throughout," adding "we all stand alongside him, wishing him a speedy recovery and focusing on the future together."

Read the original article on [Business Insider](#)

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# Amgen drug extends survival in some inoperable colon cancers



FILE PHOTO: An Amgen sign is seen at the company's office in South San Francisco

Nancy Lapid

Sun, June 5, 2022, 8:05 AM

By Nancy Lapid

(Reuters) - The following are summaries of some of the cancer research advances being presented the annual meeting of the American Society of Clinical Oncology (ASCO) in Chicago.

## Amgen drug extends survival for some advanced colon cancers

Amgen Inc's drug Vectibix led to "the longest survival ever reported" in a major trial for patients with inoperable advanced cancer originating on the left side of the colon whose tumors did not have RAS gene mutations, researchers reported on Sunday at ASCO 2022 <https://meetings.asco.org/2022-asco-annual-meeting/14416?presentation=208990#208990>.

Amgen's monoclonal antibody, known chemically as panitumumab, belongs to a class of drugs called EGFR inhibitors. The standard treatment in many countries, however, is an anti-VEGF antibody like Roche's Avastin, which means many patients with inoperable metastatic cancer may not have been getting the most effective treatment.

In the trial of more than 800 patients with metastatic colon cancer and the "wild-type," or natural non-mutated, RAS genes, participants received standard chemotherapy plus either Vectibix or Avastin. An average of five years later, patients with right-side tumors did not see a survival advantage for one drug over the other. But among the 604 patients with left-side tumors, the risk of death during the study was 18% lower for those who got Amgen's drug, researchers said.

Patients treated with the anti-EGFR drug were more likely to see their tumors shrink enough to be eligible for potentially curable surgery, study leader Dr. Takayuki Yoshino of National Cancer Center Hospital East in Kashiwa, Japan, said in an interview, adding that this treatment "should be the new standard of care."

### Delaying cell transplants for multiple myeloma appears safe

Younger patients with newly diagnosed multiple myeloma who delay a stem cell transplant do not have shorter survival than those who undergo transplant promptly, and modern drug regimens may allow them to avoid the procedure entirely, according to research presented on Sunday <https://meetings.asco.org/2022-asco-annual-meeting/14416?presentation=213607#213607>.

On average, patients who had early transplants went more than 67 months without their disease worsening versus 46 months for those who delayed their transplants. But overall survival rates in both groups were the same, even though only 28% of patients in the delayed group eventually had a transplant. Others in that group were able to change treatments.

Participants in the 722-patient trial provided their own stem cells to be stored and reinfused during a transplant. Half then underwent transplantation before receiving multiple cycles of a three-drug protocol that included Bristol Myers Squibb's Revlimid - long the standard multiple myeloma treatment - followed by Revlimid maintenance therapy. The rest received the three-drug protocol followed by maintenance therapy until medications stopped working and transplant was the only option.

Stem cell transplants are grueling and can have serious side effects but remain the standard of care, study leader Dr. Paul Richardson of the Dana Farber Cancer Institute in Boston said in an interview. Doctors can now tell patients: "You've got choices. We can treat you with triple-drug therapy and see how you do, and you can keep transplant in reserve."

### Data show best drug for deadly childhood cancer

In the first randomized trial comparing treatments for relapsed or treatment-resistant Ewing's sarcoma, a rare and deadly childhood cancer, high-dose ifosfamide (IFOS) produced the best results, allowing patients to live about five months longer, according to data presented on Sunday at ASCO.

Ewing's sarcoma occurs in only about 200 U.S. children a year. In roughly 30% to 40% of patients, it resists treatment or recurs. These patients have a five-year survival rate of just 15%. The nine-country study involved 451 patients. Initial participants were randomly assigned to receive one of four common chemotherapy regimens. The two least effective were dropped from the study and later patients received one of the remaining two - IFOS or topotecan and cyclophosphamide (TC).

Median event-free survival - the average time patients went before disease worsening, emergence of a second cancer or death - was 5.7 months for IFOS versus 3.5 months with TC. Overall survival was 15.4 months with IFOS vs 10.5 months with TC, while one-year survival rates were 55% vs 45%, respectively.

Study leader Dr. Martin McCabe of the UK's University of Manchester called the results "relatively strong data," but noted that IFOS is toxic. "And all of these patients still die. We need better medicines."

(Reporting by Nancy Lapid; Editing by Bill Berkrot)



Kate Hendricks

Thomas, a former Marine Corps officer, died Tuesday, April 5, 2022, at the age of 42. In 2018, she was diagnosed with stage 4 breast cancer believed to be connected to burn pit exposure in Iraq. In the years since, Thomas tirelessly advocated for herself and other veterans trying to obtain health care and benefits for exposure-related illnesses. Photos courtesy of Dr. Kate Hendricks Thomas/Facebook.

## Remembering Kate Thomas: Marine Corps Vet, Champion of Burn Pit Legislation Dies From Breast Cancer

[Military](#)

By [Hannah Ray Lambert](#) | April 07, 2022

The week before she died from stage 4 breast cancer, Marine Corps veteran Kate Hendricks Thomas considered attending a press conference in support of burn pit legislation. She had frequently testified about the issue, shared about her own struggles with cancer, and tirelessly advocated on behalf of other veterans.

One of Thomas' best friends, Sarah Plummer Taylor, smiled as she recalled Thomas' joyous presence and the effect it had on those around her.

"People fangirl her," Plummer Taylor told *Coffee or Die Magazine*. "Everybody wanted a piece of Kate."

Even as she was entering the ER on Sunday, April 3, Thomas answered texts from friends who wanted to know if they could come visit.

"No, not now," she replied. "I'm on my way to the hospital. Maybe later."

Thomas died Tuesday, April 5, at the age of 42, leaving behind a husband, a son, and a legacy of resilience that has inspired countless others and is poised to change the way future generations of veterans receive care.



Kate Hendricks

Thomas and Sarah Plummer Taylor pose for a photo. The pair became instant friends in 1999 during Air Force ROTC, and both transferred to the Marine Corps in the early 2000s. Photo courtesy of Sarah Plummer Taylor.

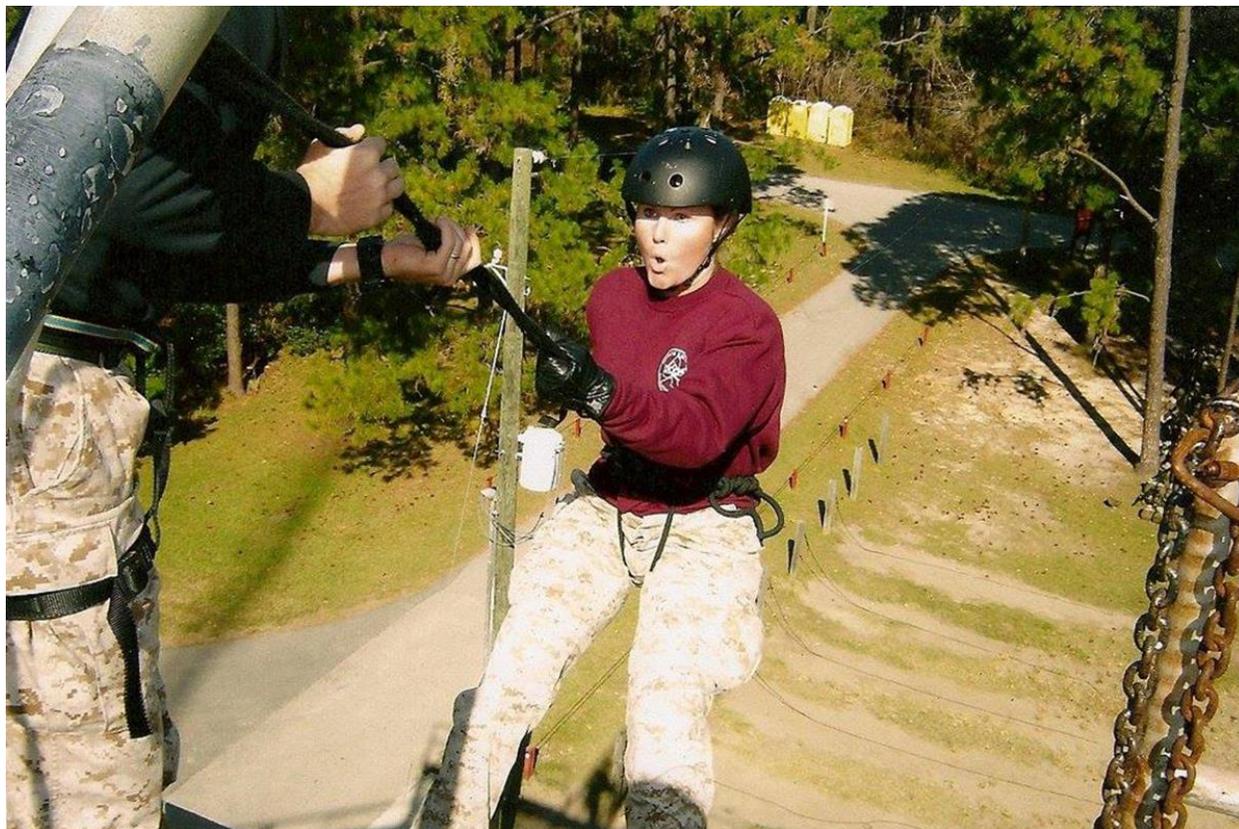
Plummer Taylor met Thomas in 1999 during Air Force ROTC at the University of Virginia. Thomas was a year older, but the pair clicked right away and became roommates the next year. Thomas was like the idealized version of a big sister: protective, fun, and willing to dish out some tough love when necessary.

Thomas, who came from a Marine Corps family, decided to switch to Marine Corps ROTC, and she completed Officer Candidate School. When Plummer Taylor followed a year later, Thomas gave her a present. It was a cassette tape of Marine Corps cadences, the call-and-response work songs Marines belt out while they march.

“You need to listen to this tape every single time you run,” Thomas said. “This is the one way you can come in and just hit the ground running, because they’re going to ask you to call cadence, and everybody’s going to fumble. If you can come in there on day one and sing these cadences, you’re going to crush it.”

So every time she ran — often with Thomas alongside her — Plummer Taylor slid that cassette tape into her Walkman and sang the cadences.

Thomas’ drive to be the best she could be was infectious. The pair ran themselves into the ground and did pullups until their arms trembled.



Kate Hendricks

Thomas rappels from a tower at Marine Corps Recruit Depot Parris Island, South Carolina. Photo courtesy of Dr. Kate Hendricks Thomas/Facebook.

During endurance courses in OCS, women were provided boxes to make it easier to clear certain obstacles that required intense upper body strength, Plummer Taylor recalled.

“Kate always was like, ‘Don’t you ever have to fucking use those boxes,’” Plummer Taylor said. “In the Marine Corps, one place you could very tangibly prove that you deserve to be there was through physical fitness. If we could do it the same as the guys do, then they didn’t have any right to tell us we shouldn’t be there.”

Thomas deployed to Fallujah, Iraq, in early 2005 as a military police officer. For months, she lived, patrolled, and ran her daily laps around the burn pit on base, unconcerned by the thick, black smoke billowing into the air she breathed.

Her younger brother Matt was also a Marine, and he deployed to Iraq at the same time. Toward the end of her deployment, Thomas received the phone call every service member’s loved ones dread. Matt’s truck had hit an improvised explosive device.

Matt was medevaced and spent months at Walter Reed National Military Medical Center. Thomas stayed at her brother’s bedside for weeks, Plummer Taylor said.

Outwardly, Thomas appeared unscathed by the war.



Marines with 1st

Marine Logistics Group burn black water before filling the pit with sand at Al Taqaddum Air Base, Iraq, Sept. 22, 2008. US Marine Corps photo by Sgt. Jason W. Fudge.

She left active duty in 2008, returned to school, and earned a doctorate in health education and promotion. She married, had a son named Matthew, and in 2015 published her first book, *Brave, Strong, True: The Modern Warrior's Battle for Balance*, blending her personal narrative with wellness research to promote resilience among American service members and veterans. More books followed, examining veterans' mental health and the unique experiences of women in the military.

Then, in January 2018, Thomas got a mammogram. At 38 years old, she felt healthy, but her nurse practitioner recommended she be examined because of her service in Iraq.

She had stage 4 breast cancer. And not just one type, but three.

"They said it looked like I had been dipped in something," Thomas told [ABC News](#) in 2021. "I had metastases throughout my skeletal system from my skull to my toes."

After her diagnosis, Thomas started noticing how disturbingly prevalent cancer was among other female veterans. She ran into the only other woman from her unit in Iraq, and it turned out she had the exact same type of cancer Thomas did.

Young military women have a 20% to 40% higher rate of breast cancer than civilian women, according to Department of Veterans Affairs-funded [research](#). And a [2015 VA report](#) suggested upwards of 3.5 million veterans may have been exposed to burn pits in Afghanistan, Djibouti, or the Southwest Asia theater of operations. But the VA has historically [made it difficult](#) for veterans to prove their illnesses are connected to burn pits.



Marine Corps veteran

Kate Hendricks Thomas believed her cancer was caused by burn pit exposure during a 2005 deployment to Iraq. Photo courtesy of Dr. Kate Hendricks Thomas/Facebook.

Thomas said she had no family history of breast cancer and that her oncologist believed it was exposure-related. She went back and forth with the VA for years, but the department denied her benefits claim and all appeals until July of 2021, more than three years into the five doctors estimated she would live.

She started planning for a shorter future and made sure every minute counted, even when her friends and family urged her to slow down and rest.

In February 2020, Thomas and Plummer Taylor printed out all their essays, personal stories, and research papers and spread them out on a table to organize into one seminal work. Thomas figured it would be the last book she wrote before she died, so it had to count. [\*Stopping Military Suicides: Veteran Voices To Help Prevent Deaths\*](#) was published in 2021.

She continued teaching for George Mason University's Department of Global and Community Health as long as she could, and she gave frequent in-person and virtual talks on cancer, research, issues faced by women in the military, and more.

In March, the US Senate unanimously approved the Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans in Combat Environments ([SERVICE Act](#)), which would require the VA to provide mammograms for all women who served in areas known to be associated with burn pits and other toxic substances.



Marine Corps veteran

Kate Hendricks Thomas takes a family photo with her husband, Shane, and son, Matthew. Photo courtesy of Kate Hendricks Thomas/Instagram.

Thomas also recently testified in support of the House’s sweeping Honoring Our Promise To Address Comprehensive Toxics Act, known as the [PACT Act](#). While Thomas ultimately decided she didn’t feel well enough to attend a March 29 [press conference](#) on Capitol Hill in support of the the legislation, Plummer Taylor said Thomas’ drive to inspire others and contribute to the world endured until the very end.

Thomas died peacefully on Tuesday afternoon, surrounded by her husband, brother, and parents, her husband, Shane, wrote on [Thomas’ website](#).

“She accomplished more in this life than many do in a full one,” he wrote. “I love you, honey. See you later.”

Friends, veterans, [lawmakers](#), and [service organizations](#) have publicly mourned Thomas in the days since her death.

Plummer Taylor has lost track of all the stories she’s told in the past two days about her kind and “wicked smart” friend who always lit up the room. She has more than 20 years of friendship and sisterhood to look back on, but one recent memory in particular brings a smile to her face.

She always called Thomas on her walks, and the week before Thomas started hospice was no different.

“Kate, how are ya?” Plummer Taylor asked, knowing that her friend had been dealing with increased pain lately.

But Thomas was never one to focus on the negative. Instead, she told Plummer Taylor about going to yoga and having tea with a friend.

“I chose to have a good day today,” Thomas said. “So I did.”

**Read Next:** [How a Family of 10, With Help From US Veterans, Escaped Afghanistan](#)

# ‘It takes a piece of you’: Service at Jacksonville National Cemetery honors true meaning of Memorial Day

An emotional service Saturday featured music and 22,000 flags that had been placed at 22,000 gravesites to honor the 22,000 heroes who served the nation and are now buried at Jacksonville National Cemetery. The cemetery’s Memorial Day observance was a chance for some to remember those who made the ultimate sacrifice.

**JACKSONVILLE, Fla.** – An emotional service Saturday featured music and 22,000 flags that had been placed at 22,000 gravesites to honor the 22,000 heroes who served the nation and are now buried at Jacksonville National Cemetery.

The cemetery’s Memorial Day observance was a chance for some to remember those who made the ultimate sacrifice.

“Sometimes society forgets on Memorial Day that we’re here to serve and protect our country. I was in the army for 31 years --13 of the 31 years I was gone from my family,” said Col David Abramowitz, a senior mentor with Veterans Treatment Corp. “When you lose your soldiers and sailors and marines, when that happens, it takes a piece of you -- almost like losing part of your family.”

Melina Buncome was one of the Gold Star family members at the ceremony. Her daughter served eight years in the Marines before being diagnosed with breast cancer. She died in 2019.

“It means a lot to know that we set aside a time in our country to remember those who serve and died,” Buncome said. “It’s very emotional, just thinking about their service.”

As the music filled the cemetery and the flags swayed in the wind, those who served were remembered once again.

Jacksonville’s Memorial Day Observance will be at 8 a.m. Monday at the Veterans Memorial Wall between TIAA Bank Field and the baseball grounds.

News4JAX has [compiled a county-by-county list](#) of events to honor Memorial Day around Northeast Florida.



# “The Enemy Is Lurking in Our Bodies”—Women Veterans Say Toxic Exposure Caused Breast Cancer

October 14, 2021 | [Kelly Kennedy](#)  
[Facebook](#)[Twitter](#)[LinkedIn](#)

[Email](#)

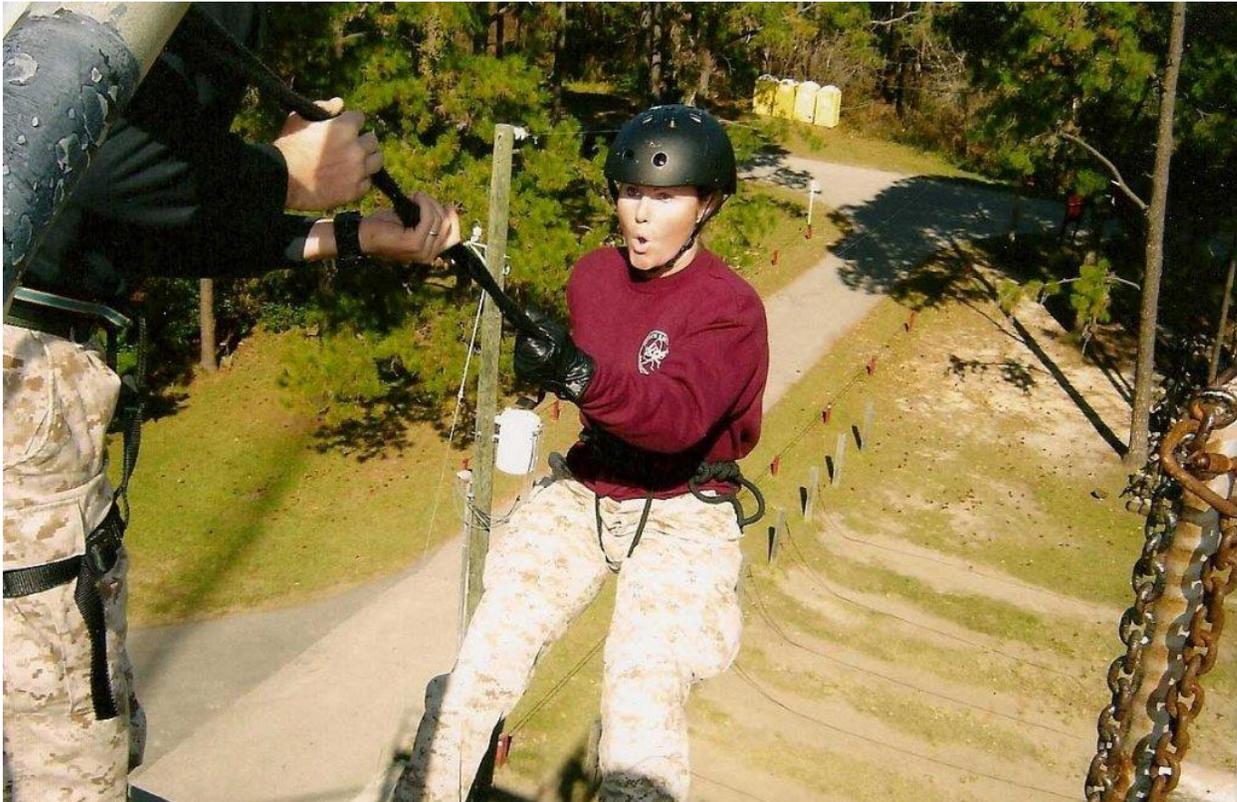
As [Kate Hendricks Thomas](#) sat one night with her second-grade son Matthew, he placed his hands on the table as if he were an adult girding up for an important conversation.

“Mom,” Kate remembers him saying, “I’m not going to cry when I say this.”

And then, she says, he started to cry, but just a little bit. Her heart tightened in her chest as she waited.

“He said, ‘I just want you to know, when you die, I’m going to cry so hard because I love you so much,’” she remembers.

Hendricks Thomas shines fiercely: A former Marine Corps officer, she hit Fallujah, Iraq, in 2005, when the living was still dirty and the [second battle of Fallujah](#) had just reached its end. To stay healthy, she ran laps around the burn pit on base. After she got out of the military, [she earned her doctorate](#)—and a reputation for helping others through the hard stuff.



Kate Hendricks Thomas rappels from a tower while serving as a Marine. Photo courtesy of Hendricks Thomas.

She mastered resiliency, co-[writing a book about it](#) and urging community, mindfulness, and physical health as she saw fellow service members and veterans struggle with combat stress. She gathers friends in close and offers praise and insight in large doses.

One day in 2018, in the middle of interviews and speeches about [the books](#) she had co-written, she went in for her annual gynecology exam.

“I was feeling great,” she says. “I had no symptoms. I was there for an annual appointment.”

Her nurse practitioner recommended she get a mammogram, “based on where you’ve been stationed.”

“It was totally out of the blue,” Hendricks Thomas says. “And that’s why I argued with her about it.”

She was 38. It was already stage four. And she doesn’t have one kind of cancer: She has three.

She has no family history of breast cancer, and when they looked for predictor proteins—“next generation sequencing”—she had no indicators. Worse, as she started talking with another Marine who served in her unit, [Amy Ebitz](#), she learned Ebitz also had breast cancer, that it was also invasive, and that she also had no genetic markers.

### [READ MORE](#)

[Burn Pits—The Military’s Next Agent Orange](#)

“Somehow the topic of breast cancer came up, and we were both very surprised—very surprised,” she says. “Her physician said this is very likely an exposure-based cancer. And that’s what my oncologist said to me when the sequencing came back.”

Ebitz had served at Fallujah, but also says she lived half a mile away from the burn pit at [al-Taqqadum](#) in 2004. She started to become suspicious when two men from her unit were diagnosed with cancer, but before that, she wondered if something was going on when the working dogs in her unit started to get sick.

“The first tour, it was no big deal—we dealt with paw issues,” she says. “By the second tour, we kept losing dogs to cancer—three-year-olds. I remember the kennel master saying, ‘How long do you think before this will start on us?’”

Ebitz got a mammogram when she turned 40, and she was told it was clear. But she had a bad feeling. There were no lumps, but she felt “draggy.”

“I can’t explain it,” she says. “I didn’t have any symptoms. But I said to my battalion surgeon, ‘Something’s wrong with me.’”

Two years after the clear mammogram, she had more tests done. She had stage two cancer—and it was “just like Kate’s.”

“I had a seven-year-old son,” she says, and her daughter was three. “I was terrified.”

At that point, she said she thought it was a coincidence. Then she started thinking about a male major she had worked with who had breast cancer, and a male commanding officer who also had it.



U.S. Marine Corps Sgt. Maj. Paul T. Costa, left, Headquarters and Support Battalion sergeant major, and Col. Amy Ebitz, middle, H&S Battalion commanding officer, give the Navy and Marine Corps commendation medal to Staff Sgt. John Stefanowicz, right, with the All-Marine Wrestling Team, on Marine Corps base Camp Lejeune, North Carolina in June. Photo by 1st Lt. Ace Padilla, courtesy of U.S. Marine Corps.

“When I was going through treatment, the provost called and said one of his guys had [non-Hodgkin’s lymphoma](#),” she says. She began to wonder if they had all been exposed to something in Iraq.

For both Hendricks Thomas and Ebitz, their breast cancer was heterogeneous and moved quickly, which Hendricks Thomas says caused her doctor to suspect a toxic exposure. Her doctor also said she had been seeing more of it in military women.

“It was a fluke that she sent me out for that mammogram,” Hendricks Thomas says. “I mean, they wouldn’t have found this cancer until it kills me. She added years to my life by sending me out for screening. And I actually became a proselytizer and told all of my veteran girlfriends, ‘Please go get mammograms.’”

Ebitz, who served as battalion executive officer in Fallujah, said she didn’t talk about it at first—she didn’t want her Marines to know she’d had breast cancer. But then people started asking about her hair loss, and she decided to spread the word.

“Now that I’m a few years out, I tell everybody: ‘Get it checked,’” she says. “The enemy is lurking in our bodies.”

## **A Push For Testing and Benefits**

Numbers for breast cancer in military women have been high for years, but as veterans returned from the wars in Iraq and Afghanistan, rumors began to swirl: The cancers are hitting young—and they're extraordinarily aggressive.

From fiscal year 2000 to fiscal year 2015, Veterans Affairs saw the number of women diagnosed with breast cancer increase [by five times for women ages 45 to 64](#)—or 3% of Veterans Health Administration patients in this age group—by fiscal year 2015, according to a VA report.

Authors said the increase could come because of better screening, or it could be a “true increase in prevalence.”

And a 2021 [VA-funded research proposal by Rajeev Samant states this](#): “There is a notably high incidence of breast cancer among younger military women (20% to 40% higher). The incident rate of breast cancer for active-duty women is seven times higher than the average incident rate of 15 other cancer types across all service members. An estimated 90% of deaths due to breast cancer are a consequence of metastatic disease. Thus, metastasis is a formidable and clearly an unmet challenge.”

These young women are dying.

“Thus, there is an urgent unmet need to effectively diagnose, manage and cure breast cancer in the veteran population,” Samant’s proposal states. “Triple-negative breast cancer (TNBC) is prevalent among young women veterans, and shows a tendency to rapidly metastasize. Despite a short favorable management with chemotherapy, patients with metastatic disease have a median overall survival of about 18 months.”

As the last troops leave the “forever wars,” doctors say they’re seeing more women veterans with breast cancer—and they’re younger than the national average. This is of particular concern because doctors don’t [tell women to get mammograms](#) until they are 45, unless they have a family history of breast cancer.



Members from the 15th Medical Group host an open house for Breast Cancer Awareness Month, at Joint Base Pearl Harbor-Hickam, Hawaii, in 2018. Photo by Tech. Sgt. Heather Redman, courtesy U.S. Air Force.

Generally speaking, service members [tend to have lower rates of all cancer compared to the civilian population](#), in part because they need to be fit for their jobs and they have access to healthcare. The new cancers are rare and aggressive, and the medical system built to help veterans simply isn't equipped to handle breast cancer in young women, activists say.

So, some doctors and the women veterans themselves are pushing young women to get checked—and researchers are starting to look more deeply into environmental factors as a cause for aggressive, nonhereditary breast cancers whose growth is not driven by hormones. In the meantime, activists, like Hendricks Thomas, and politicians are pushing for service-connected VA benefits for women.

There have been some breakthroughs: VA says the rates may be higher because of better screening, higher rates of aggressive breast cancer in women in minority groups may get research attention that has lacked for generations, and a push to predict and treat breast cancer in military and veteran women could help other women around the world.

## **‘It’s Gotten Around Every Drug We’ve Thrown at it’**

When Hendricks Thomas was diagnosed, she faced an immediate concern: She served as the breadwinner in her family, and she would need some help. Her first claim for service-connected benefits at VA was denied.

She filed an appeal.

Denied.

This meant no survivors benefits for her son, and no help for her family in paying for her treatment. Her resiliency and strength once again came through: She began to fight for the [Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act](#), which would provide presumptive benefits for veterans exposed to the burn pits—and which was [lobbied for by talk show host Jon Stewart and John Feal](#), a 9/11 first responder who formed the [FealGood Foundation](#). In August, VA announced it would [assign presumptive status](#) for some respiratory ailments.

The change helps, as might the burn pit bill, but neither addresses breast cancer.

So it's not enough for Hendricks Thomas. Beyond benefits, she wants to save lives.

She calls herself a “fangirl” of a VA oncologist she met at a conference, Anita Aggarwal of the Washington DC VA Medical Center, but adds, “She says she has young women coming into her office with this advanced breast cancer, this aggressive, advanced breast cancer. Mine is still [heterogeneous](#)”—resistant to treatment. “It’s gotten around every drug we’ve thrown at it in a matter of months, because it keeps morphing. And she said, ‘You know, that’s weird. That’s atypical, and I’m seeing lots of young women with that sort of thing happening.’”

The more she talks to others about her cancer, the more stories she hears: She recently met a woman younger than 30 who has both breast and colon cancer. She knows two women still on active duty with aggressive cancers, she says, and four veterans.

“I don’t understand why we haven’t lowered the screening age for military women,” she says. “I know it’s early, but ask your providers.” Women are often told by their primary care physicians at VA that they don’t need a mammogram yet, she says, and that there’s no additional risk. “So the VA is not even doing the preventive bare minimum. I mean, if all they were willing to do was lower the screening age, that would be a step forward.”

Military health care [covers annual mammograms](#) for women older than 40 or women 30 and over who are at high risk of developing breast cancer. Many Defense Department facilities have breast high-risk programs or breast genetics programs to help identify high-risk patients and screen them early, Defense Health Agency officials said in an email.



Kate Hendricks Thomas, left, and a friend during their time in the Marine Corps. Photo courtesy of Hendricks Thomas.

VA recommends that all women between age [50 and age 75 get mammograms](#) every two years, but also that women have mammograms after age 40 if they choose to. However, VA does not perform mammograms in 15 states. A [new bill hopes to address](#) that. (VA does offer access to local providers in the states where VA health workers don't perform mammograms.)

“VA exceeds the private sector in mammography screening rates,” VA spokesperson Terrence Hayes said in an email, adding that VA’s rate of screening for women ages 50 to 74 is about 84%, compared to civilian HMO rates of about 74% in 2018.

“Like other health care agencies, we have seen some delays in routine screening related to COVID, but we are addressing this challenge by using a Preventive Health Inventory to ensure all our patients are up to date on all preventive screenings,” he says.

But VA officials say they don't yet have data to support the women veterans' fears.

“VA acknowledges recent individual reports of post-911 women veterans being diagnosed with breast cancer,” Hayes says. “We are following this issue closely. However, to date we have no research to support higher rates of breast cancer in post-911 women veterans following deployment.”

Hayes said Congress directed the Defense Department to look at the rate of breast cancer in active-duty women, and he quoted the abstract from that report, which says, “The findings from this study indicated that breast cancer among active service members is a rare event.” The abstract states that the breast cancer incidence rate from 2000 to 2010 did not change significantly.

The activists say that makes sense. As Stewart and Feal lobbied for first responders to the World Trade Center attacks in 2011, they learned service members were likely exposed to the same kinds of chemicals in the burn pits in Iraq and Afghanistan, [they told The War Horse](#). Because the first responders were exposed to toxins before service members were exposed to the burn pits, Stewart and Feal said they expected some of the same patterns to emerge.

[According to a CDC report released in September](#), 58% of people who signed up for the World Trade Center Health Program have reported at least one illness caused by exposure, and cancers had risen by more than 1,000% from 2013 to 2020.

In 2020, the top five certified cancer conditions were skin cancer, male genital system cancers, in situ neoplasms, breast cancer, and digestive system cancers, [according to the report](#).

“The problem with cancer—with all of the cancers—is that you often deal with the delayed onset, as you know,” Hendricks Thomas says. Breathing problems or skin rashes from exposure often arise immediately. Cancer can take years. “So it’s easier to be dismissive of those.”



Staff Sgt. Brandi Williams, 374th Comptroller Squadron financial analyst supervisor, runs during the Breast Cancer Awareness Month 5K run at Yokota Air Base, Japan, in 2017. Photo by Machiko Arita, courtesy of U.S. Air Force.

The number of women in general, both civilian and military, diagnosed with breast cancer has increased—from 1 in 11 in 1975 to [1 in eight today](#)—with the median age for diagnosis at 63 for white women and 60 for Black women. But active-duty military women have a 20% to 40% higher risk than do civilians, a [2009 study](#) published by the National Institutes of Health found—and 90% of military women are younger than 40, according to the [Defense Department’s Congressionally Directed Medical Research Program](#).

Younger women diagnosed with breast cancer have higher mortality rates.

In 2018, researchers [looked at breast cancer in the Defense Department’s database](#). Typically, only 7% of breast cancer cases affect women younger than 40. But from 1998 to 2007, the researchers found 11% of diagnosed military cases were in women younger than 40. Their cancers tended to be later stage, and they also tended to be [estrogen-receptor negative](#)—like Hendricks Thomas and Ebitz.

According to the [National Institute of Environmental Health Sciences](#), evidence is growing to support the idea that many breast cancers [are caused by environmental factors](#), including a 2017 study of sisters that found that indoor wood-burning fireplaces or stoves [were associated with a higher risk](#) of breast cancer.

A 2004 study published in the European Journal of Cancer Prevention [found higher rates of breast cancer](#) in women with a specific gene who had been exposed to a waste incinerator that, [like the burn pits](#) in Iraq and Afghanistan, would have released dioxins, as well as being exposed to agricultural products, such as pesticides and dioxin-like compounds.

In another 2018 study of women enrolled in the Clinical Breast Care Project at Walter Reed National Military Medical Center, [researchers found “significantly” different levels of organochlorine levels](#)—or synthetic pesticides—depending on the stage of the cancer and grade of the cancer, and whether it was hormone-positive, “indicating that the body burden of organochlorines may influence the development of specific subtypes of breast cancer.”



Colonels Amy and Curtis Ebitz pose for a picture with their children, Curtis and Sevina. In 2019, Colonel Amy Ebitz took command of Headquarters and Support Battalion, Marine Corps Installations East-Marine Corps Base Camp Lejeune, and Colonel Curtis Ebitz took command of Marine Corps Air Station New River. Photo by Lance Cpl. Miranda DeKorte, courtesy of U.S. Marine Corps.

Organochlorines [are also used in](#) dry-cleaning solvents, adhesives, lubricants, and hydraulic fluids. The burn pits in Iraq and Afghanistan released dioxin, an [organochlorine released as a by-product of burning waste](#). The largest open burn pit, at Balad Air Base, [devoured as much as 240 tons](#) of trash a day [within one mile](#) of the [living quarters of troops](#).

Women who deployed to Iraq and Afghanistan, or anywhere the water source was considered risky, also [drank water from plastic bottles](#). In Iraq and Afghanistan, those bottles often sat in the sun for hours. [Research has shown](#) that plastic that contains BPA may be associated with breast cancer.

And it's not just women. Aggarwal found that breast cancer rates among male veterans [have risen by 26% since 1975](#)—though they still remain low. The concern? Women are taught to do monthly breast exams on themselves. Men are not.

## **'It Was Turned Down Twice'**

Experts have long known there was an issue, and some of the reasons seem pretty obvious: A 2012 study found a [40% increased risk of breast cancer](#) in women who work night shifts—as military women often do. And military women are more likely than civilian women to work in jobs, such as mechanic or fuel operator, that might expose them to volatile organic compounds. A 2005 study found that military women younger than 35 working with VOCs had a [48% increased risk of breast cancer](#). The military has also had problems with contamination on base. Marine Corps base

Camp Lejeune had the metal degreaser trichloroethylene and a dry-cleaning chemical, tetrachloroethylene, in the water. Civilians who worked there [between 1973-1985 had higher rates of all cancers](#) compared to people who worked at Camp Pendleton. Another study “[suggested possible associations](#)” between male breast cancer and the Camp Lejeune water. And another study found military women are also [more likely to use birth control](#)—it’s easy to get and it’s free—which has been associated with an increased risk of breast cancer in young, premenopausal women.

There has been some work around the possibility that the burn pits, in particular, may be causing fast-growing cancers. Aggarwal, the oncologist Hendricks Thomas met at a conference, has submitted a proposal to the Defense Department looking at the connection between exposures and breast cancer to see if it might help account for the increased incidence of breast cancer in military women.

“Very little evidence is available linking toxic exposures to increased breast cancer risk in veterans,” she writes in her proposal. “Study of breast cancer incidence associated with military occupational assignments, deployments, or other service-related experiences is greatly constrained by the latency between exposure and onset of cancer, as well as the Department’s inability to conduct surveillance on most service members after they leave service.”

She hoped to compare women veterans who deployed to those who did not.

“It was turned down twice—very discouraging,” Aggarwal said in an email. She also talked to two Congress members to try to push the issue. They promised to get back, but she “never heard anything from them.”

None of it should be new to the Defense Department, Hendricks Thomas says.

“[Aggarwal] shared her background section of her grant with me, and [those data](#) are from [Walter Reed](#),” she says. “This is stuff that the military already knows.”

Hendricks Thomas says Aggarwal is the only VA medical professional she found who was willing to be open about the issue. She asked the nurse practitioner who originally told her to get the mammogram if she would help with her VA disability claim, but says the woman said no—that she didn’t want to put it in writing.

## ‘Just Sick With Something’

Hereditary cancer can also hit military women early. Just before Jessica Brooks turned 40 in 2018, she went in for her annual exam. At the time, she was going to school to become a nurse practitioner while she was in the Air Force. She had never deployed. She mentioned at the appointment that she could feel a swollen lymph node in her armpit, but she figured she was “just sick with something.”

But the lump in her armpit was bigger than it should have been—“It was the about the size of a golf ball,” she says, “and lymph nodes are typically about the size of your pinky”—and it was tender.

Soon after, she received a phone call saying she had cancer. She would ultimately learn it was stage three.

“I was like, ‘I’m young, what the heck?’” she says. “Nobody gets cancer this young.”

But in her case, while she didn’t have a strong history of breast cancer in her family beyond an 80-year-old grandmother, tests showed she did have a [PALB2](#) mutation, she says. When her mother heard the news, she also went in—and her doctors found breast cancer, Brooks says.



Jessica Brooks as she goes through treatment for breast cancer. Photo courtesy of Brooks.

As a service member, she says she had a choice between being seen at Walter Reed’s oncology center, or being seen locally. At the time, she lived in Maryland, so she went to the breast cancer center at Walter Reed.

“They are very well equipped to handle cancer,” she says. She now has a clean bill of health, and attributes that to good healthcare through the military.

Hendricks Thomas faced a different issue at VA in South Carolina.

“I didn’t go there, because they had only seen two women with breast cancer,” she says. “In D.C., I’m not able to quickly get scanned and quickly move things forward.”

She encountered a wait time for everything, she says, and she didn’t have time to wait.

“I needed a scan, and they said, ‘Great. We can fit you in in six weeks.’” With stage four cancer, a lot can happen in six weeks. She paid for civilian care, making her fight for benefits that much more important.

The [House](#) and [Senate](#) both introduced bills in July to help veterans access care by providing telemammography in states where VA doesn’t have mammograms, while also requiring VA to update those facilities within two years. The bills also require expanding veterans’ access to clinical trials.

## **Worse For Minority Women**

There may be some good news in the mix: As the military studies service women, they look at women from all races. This is important because, in the civilian world, the death rate for Black women with breast cancer [is 40% higher](#) than the death rate for white women. It's not much better in the military.

But the Defense Department is heavily involved in breast cancer research almost by default through the Defense Department's Congressionally Directed Medical Research Program. The program began in 1992 after breast cancer advocates pushed Congress [to support high-impact, innovative research](#) by the government. From that point on, Congress has funded the military's Breast Cancer Research Program. In fiscal year 2021, the program [received \\$150 million](#). The Uniformed Services University of the Health Sciences also has research programs.

A 2014 Defense Department report to Congress found that Black service women have a significantly higher probability of invasive breast cancer than do white and Hispanic active-duty service women. A 2019 study [published in JAMA Surgery](#) found that, from 1998 to 2008, Black women in the military health system waited longer for surgery after being diagnosed with breast cancer than did white women. But that still did not account for the disparity in overall survival rates, the authors wrote—and they urged further research.

“Treatment delays could lead to poorer treatment response, more rapid disease progression, or adverse health events and may contribute to reduced overall survival,” they wrote. They wondered why women who have access to health care in the military would still wait longer for treatment after being diagnosed with breast cancer. The Black women tended to be younger at diagnosis, were more likely to have stage II or III tumors and comorbid conditions, as well as more likely to have [hormone-negative](#) tumors, which means they can't be treated by adjusting estrogen or progesterone levels. The majority—[70% to 80%](#)—of breast tumors are hormone-positive, according to the Susan G. Komen foundation. Women with hormone-negative breast cancer are usually diagnosed at [younger ages and are less likely to survive](#) it.

The non-Hispanic Black women were more likely to have died during the study compared to non-Hispanic white women.

New research on veterans and service members may help address that issue.

In October 2020, VA announced it was [launching a new National Women Veterans Oncology System of Excellence](#) specifically to address women's breast cancer.



Jessica Brooks' friends and coworkers help her recover from breast cancer. Photo courtesy of Brooks.

About 700 women veterans a year are diagnosed with breast cancer, Hayes says.

As is often the case with health research surrounding veterans, environmental exposure statistics, as well as deeper research into minority women with cancer, may come to the forefront with new research.

One proposal comes as part of the [Million Veterans Program](#), which now has 825,000 veterans signed up to offer information that can be used by researchers. Shih-Wen Luoh, of the Portland VA Medical Center, [writes in a research proposal](#) that 28% of the women in that group are Black, while past studies on genetic prediction models have typically been on white women.

“Our work will significantly enhance our abilities for early detection and optimize and individualize breast cancer screening for all women veterans and women in general,” he writes in his proposal. “Because women veterans in [the Million Veteran Program] may have unique military and environmental exposures, it is unknown whether previously developed breast cancer risk prediction models can be applied to this population,” [the proposal states](#).

VA officials sent The War Horse a list of 27 current research projects that mainly focus on treatments and predicting breast cancer based on genetics.

## ‘As Normal a Life as Possible’

There have already been some breakthroughs.

In August, researchers figured out how to use deep machine learning for [biomarker analysis to help detect and treat breast cancer](#)—and it came about because of an ongoing collaboration among Google Health, Naval Medical Center San Diego, and the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Also in August, research through VA's Million Veteran Program found that, by looking at DNA, a [genetic risk model could predict](#) which people are at the highest risk to get breast cancer. Doctors could use this information to help women figure out how often to be screened and if there are other steps they need to take to prevent breast cancer.

A third study, published in August in Cancer Cell International, found that one new breast cancer vaccine [may be helpful in battling cancer](#), while a second appears to create a strong immune response.

But Hendricks Thomas's battle continues. She's participated in clinical trials, and is hopeful for more, but each treatment eventually loses effectiveness. During another round of chemotherapy, she has again lost her hair. But she finds hope in the everyday.

"I'm trying to make good choices, because it's just so hard," she says. "Because if it was just me, I would stop treatment—I wouldn't do this dance. It's too much. And the drug side effects are too much. But I've always had to think of my son."

After a flurry of treatments—each working for a bit, and then stopping—her activity was limited. She couldn't travel to promote her books. She was too exhausted to keep her normal caseload.

"I miss the pace," she says.

Still, she hangs onto her work as a piece of her identity, and she keeps her family close.



Kate Hendricks Thomas prepares to speak before Congress. Photo courtesy of Hendricks Thomas.

"I have to live as normal a life as possible and do the things that I know make a person able to balance," she says. "Like right now, I'm in a particular period of lots of doctors' appointments and lots of stress, and it's easy to get dizzy, to get

kind of down. So in those times, I know that I have to practice the self-care techniques that are going to regulate my nervous system.”

She’s been taking an online course in mindfulness. She’s working to be a good mother and a good partner. And she’s hopeful that her experience will help other women.

“I think it’s a pipe dream that the [Rubio-Gillibrand bill](#) would pass and I would actually get a disability rating,” she says. “That feels like a pipe dream. But if that happens, because of my advocacy work, that would be a huge blessing for my family.”

This summer, her VA claim was, in fact, approved, and she received full benefits for breast cancer related to toxic exposure, relieving some of the additional stress she faced.

## **Our Journalism Depends on Your Support**

And she goes to a support group for women veterans with cancer. Recently, the group’s caseworker spoke out in amazement: ““You don’t want to talk about feelings,”” Hendricks Thomas remembers her saying. ““You want to talk about what action you can take to move the ball forward on this issue.’ She basically call[s] us all weird. But the advocacy work has held me up in the last couple of months. I mean, writing and speaking, and just thinking about this has felt—I feel a sense of purpose with that. So that’s been nice.”

In the meantime, her son has started school with the normal flurry of backpacks and lunch pails and new pencils.

“He’s a little guy,” Hendricks Thomas says, and her smile goes wide. “He plays and he goes to school, and he keeps me grounded in the day-to-day and in the present moment. Because I have to be if I’m going to be with him.”

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*This War Horse feature was reported by Kelly Kennedy, edited by Thomas Brennan, fact-checked by Ben Kalin, and copy-edited by Mitchell Hansen-Dewar.*

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## **[Kelly Kennedy](#)**

Kelly Kennedy is the Managing Editor for The War Horse. Kelly is a bestselling author and award-winning journalist who served in the U.S. Army from 1987 to 1993, including tours in the Middle East during Desert Storm, and in Mogadishu, Somalia. She has worked as a health policy reporter for USA TODAY, spent five years covering military health at Military Times, and is the author of “They Fought for Each Other: The Triumph and Tragedy of the Hardest Hit Unit in Iraq,” and the co-author of “Fight Like a Girl: The Truth About How Female Marines are Trained,” with Kate Germano. As a journalist, she was embedded in both Iraq and Afghanistan. She is the only U.S. female journalist to both serve in combat and cover it as a civilian journalist, and she is the first female president of Military Reporters and Editors.

# Woman denied a colonoscopy by her doctor died of colon cancer at 39, friend says in viral Twitter thread

Last Updated: June 8, 2022 at 11:02 a.m. ETFirst Published: June 7, 2022 at 2:59 p.m. ET  
By

[Charles Passy](#)

**The conversation points to the need for early colorectal cancer screening, and the challenges many women face in dealing with the medical system**



A recent installation on the National Mall in Washington, D.C., aimed to raise awareness of the need for more colorectal cancer research, treatment options and funding.

PAUL MORIGI/GETTY IMAGES FOR FIGHT COLORECTAL CANCER

*'A friend of mine died of colon cancer this week. She was 39. Two years ago, after marrying her incredible wife, she asked her doc for a colonoscopy. Her father had died young of colon cancer, putting my friend at higher risk, and it was on her mind. She wanted a screening. She was told no.'*

A Twitter [TWTR, 0.91%](#) thread about a woman who recently died at 39 from colorectal cancer has spotlighted awareness about the proper age to begin screening for the often-fatal disease. It has also raised questions about how seriously the medical system takes health concerns among women.

Caitlin Gibson, a reporter at the Washington Post, shared the story Monday about the woman, a friend of hers, on the social-media platform. The thread has since received thousands of retweets.

Gibson said her friend thought she was at higher risk for colorectal cancer because her father had died of the disease. Gibson noted that her friend, who goes unnamed, sought to get a colonoscopy two years ago, but her "insurance wouldn't pay for it."

In addition, Gibson said when her friend started experiencing abdominal pain, doctors told her it was likely gallbladder-related. By the time her friend was finally diagnosed with colorectal cancer, the disease had already progressed to stage four.

“She was not surprised. She was enraged,” Gibson wrote. “And for everyone who loves her, the fury adds an entirely new dimension to the grief. This should have been preventable, if she’d been given access to the early screenings she knew she needed because of her hereditary risk.”

Gibson didn’t immediately respond to a MarketWatch request for comment.

*‘This should have been preventable, if she’d been given access to the early screenings she knew she needed because of her hereditary risk.’*

Colorectal cancer remains a leading cause of death in the U.S. The American Cancer Society estimated that 149,500 new cases would be diagnosed in 2021, resulting in 52,980 deaths. That makes the disease the second-most fatal form of cancer in the U.S.

And the rates of colorectal cancer among those under age 50 are on the rise, according to the American Cancer Society. The issue became particularly discussed when beloved “Black Panther” star Chadwick Boseman [died of the disease at age 43](#).

Last year, a prominent medical panel advised that colorectal cancer screenings [should begin at age 45](#) instead of the previous recommendation of 50.

On top of the issue of colorectal cancer affecting younger people, Gibson’s thread also pointed to the challenges that many people face when dealing with the medical system.

“This system is so deeply broken,” Gibson wrote. “Especially for women, whose intuition and pain is not taken seriously. Especially for people without the right kind of access or money or privilege.”

Such issues have been raised by many others. For example, [a study](#) in the journal “Academic Emergency Medicine” found that women seeking help for severe stomach pain had to wait in the emergency room considerably longer than men with the same condition.

And those who have responded to Gibson’s thread have shared stories of being misdiagnosed or ignored by doctors, only to face severe consequences, such as eventually finding out they had skin, breast or colon cancer.

Gibson’s thread included a link to a poem, “Antidotes to Fear of Death,” by Rebecca Elson. As its title implies, the poem offers a vision of hope, comfort and bravery in the face of death.

“A really incredible poem,” Gibson wrote.

## Researchers Breast cancer drug could help more patients

CARLA K. JOHNSON

Sun, June 5, 2022, 8:00 AM

For the first time, a drug targeting a protein that drives breast cancer growth has been shown to work against tumors with very low levels of the protein.

It’s not a cure. But this latest gain for targeted cancer therapy could open new treatment possibilities to thousands of patients with advanced breast cancer.

Until now, breast cancers have been categorized as either HER2-positive — the cancer cells have more of the protein than normal — or HER2-negative. Doctors reporting the advance Sunday said it will make “HER2-low” a new category for guiding breast cancer treatment. About half of patients with late-stage breast cancer formerly categorized as HER2-negative may actually be HER2-low and eligible for the drug.

The drug is Enhertu, an antibody-chemotherapy combo given by IV. It finds and blocks the HER2 protein on cancer cells, while also unloading a powerful cancer-killing chemical inside those cells. It belongs to a relatively new class of drugs called antibody-drug conjugates.

The drug was already approved for HER2-positive breast cancer, and in April the Food and Drug Administration granted it breakthrough status for this new group of patients. In the new study, the drug lengthened the time patients lived without their cancer progressing and improved survival compared with patients given standard chemotherapy.

The study compared Enhertu to standard chemo in about 500 patients with HER2-low breast cancer that had spread or could not be treated with surgery. The drug stopped the progress of cancer for about 10 months compared with about 5 1/2 months in the group getting regular care. The drug improved survival by about six months (from 17.5 months to 23.9 months).

“It’s a practice-changing study,” said Dr. Sylvia Adams, who directs breast cancer care at NYU Langone Health and enrolled several patients in the study. “It addresses a major unmet need for patients who have metastatic breast cancer.” Now, it will be important to define the HER2 gray area to make sure the right patients receive the treatment and then to monitor them closely, experts said.

The drug, which costs about \$14,000 a month, can have severe complications. Three patients in the study died of a lung disease that’s a known hazard of the drug. Doctors need to make sure patients report breathing problems right away so the drug can be stopped and patients treated with steroids.

The findings were featured Sunday at the annual meeting of the American Society of Clinical Oncology in Chicago and published by the New England Journal of Medicine. Funding for the study came from Tokyo-based Daiichi Sankyo and U.K.-based AstraZeneca, which jointly developed the drug. Patients take the drug until they can no longer tolerate it.

“A lot of people, including a lot of patients, will not have heard of HER2-low breast cancer before,” said the study’s lead author, Dr. Shanu Modi of Memorial Sloan Kettering Cancer Center in New York.

“We finally have a HER2-targeted drug that for the first time can target that low level of HER2 expression,” Modi said. “This drug actually helps to define HER2-low breast cancer. It makes it, for the first time, a targetable population.”

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## **Uterine Cancer Is on the Rise, Especially Among Black Women**

Roni Caryn Rabin

Sat, June 18, 2022 at 10:06 AM



Angelyn Jackson, a schoolteacher outside Atlanta, initially confused uterine cancer symptoms for menopause. (Lynsey Weatherspoon/The New York Times)

Linda Collins had been in menopause for almost a decade when she started bleeding again. The bleeding was light — occasional spotting, really — and she barely gave it a passing thought.

When she finally went in for a checkup, her doctor refused to let her leave until she underwent a biopsy. Within days, Collins learned she had cancer of the uterus — and an especially aggressive form of it.

“I had no pain, no other symptoms, and I didn’t think seriously about it,” said Collins, 64, a retiree in New York City. “That was a mistake.”

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Cancer of the uterus, also called endometrial cancer, is increasing so rapidly that it is expected to displace colorectal cancer by 2040 as the third-most-common cancer among women and the fourth-leading cause of women’s cancer deaths.

The mortality rate has been increasing by almost 2% a year overall, with even sharper spikes among Asian, Hispanic and Black women, according to a recent study in JAMA Oncology. Despite the increase, there has been little public attention to the disease.

Overall survival rates are high when uterine cancer is detected early, but few women are aware that a change in menstrual bleeding, before or after menopause, is one of the main warning signs, along with pelvic pain and painful urination and intercourse.

Uterine cancer was long believed to be less common among Black women. But newer studies have confirmed that it is not only more likely to strike Black women but also more likely to be deadly.

Black women die of uterine cancer at twice the rate of white women, according to a report in March from an expert panel convened by the American College of Obstetricians and Gynecologists.

The gap is one of the largest racial disparities observed for any cancer, the report said. Black women are also more likely to develop a form called non-endometrioid uterine cancer, which is more aggressive.

Among all populations, uterine cancer is being detected more often in younger women who are still in their childbearing years as well as in women who don’t have any of the known risk factors, such as obesity, infertility and never having been pregnant, said Dr. Shannon Westin, a gynecologic oncologist at the University of Texas MD Anderson Cancer Center in Houston.

When she first started caring for women with uterine cancer, she said, there were about 39,000 new cases a year. Now, there are more than 65,000 — and she has been in practice only 15 years.

“That’s a clear indicator we should be ringing the alarm bells,” Westin said.

Dr. Carol Brown, a gynecologic oncologist at Memorial Sloan Kettering Cancer Center in New York, called the surge in cases an epidemic.

“The striking statistic is that right now, in the year 2022, the number of women who will lose their lives to endometrial cancer in the U.S. is almost the same as those who will die of ovarian cancer, which is unbelievable to those of us in practice for the last 30 years,” said Brown, who is the center’s senior vice president and chief health equity officer.

The JAMA Oncology study analyzed racial trends in uterine cancer while correcting for hysterectomy rates. That’s important, because Black women have a higher rate of hysterectomies, said Megan Clarke, the lead author. (Women who have had a hysterectomy do not have a uterus, so they cannot develop endometrial cancer; including them in the calculus artificially lowers the incidence rate.)

“By making the correction for hysterectomy rates, we are more confident — the increase is real,” said Clarke, a fellow at the National Cancer Institute.

Black women represented just under 10% of the 208,587 uterine cancer cases diagnosed in the United States between 2000 and 2017, but they made up almost 18% of the nearly 16,797 uterine cancer deaths during that period, Clarke's study found.

The uterine cancer death rate for Black women is 31.4 per 100,000 women ages 40 and older, compared with 15.2 per 100,000 for white women in the same age group, Clarke reported. (Comparable death rates for Asian American women were 9 per 100,000, and for Hispanic Americans, 12.3 per 100,000.)

That makes uterine cancer an outlier, since progress has been made toward narrowing the racial gap in death rates from most cancers over the past two decades. Another National Cancer Institute report, published in *JAMA Oncology* in May, found that overall, death rates from cancer have declined steadily among Black Americans between 1999 and 2019, although they continue to be higher than those of other racial and ethnic groups.

The reasons for the increase in uterine cancer cases are not well understood. The most common form, endometrioid cancer, is associated with estrogen exposure, which is higher when obesity is present, and obesity rates have been rising in the U.S.

But non-endometrioid cancer has increased in prevalence, too, and it is not linked to excess weight. Clarke's study found that Black women are more likely to have this aggressive form of uterine cancer. They are less likely to be diagnosed early in the course of the illness, and their survival rates are worse no matter when they are diagnosed and what subtype of the cancer they have.

"At every stage of diagnosis, there are different outcomes," said Dr. Karen Knudsen, CEO of the American Cancer Society. "Are they getting access to the same quality of cancer care?" She has called for more research into the factors driving the trends.

The expert panel convened by the American College of Obstetricians and Gynecologists found racial and ethnic disparities in the care given to Black and Hispanic women with uterine cancer. They were less likely than white women to undergo hysterectomy, less likely to have their lymph nodes properly biopsied to see if the cancer had spread and less likely to receive chemotherapy, even for a more threatening cancer.

Adrienne Moore, a respiratory therapist who is Black and lives in the Atlanta area, was 45 when she found out she had uterine cancer, but she said it took her almost a year to obtain the diagnosis. She went from one doctor to another complaining of heavy, very painful monthly bleeding that had started after several months without periods at all.

Moore, who is now 51, was uninsured at the time, and doctors she consulted dismissed her complaints as symptoms of perimenopause or fibroids.

After Moore purchased health insurance under the Affordable Care Act, she saw a gynecologist who performed another scan. It showed a thickening of the uterine wall, which can be suggestive of cancer, and the doctor immediately ordered a biopsy.

Three days later, the doctor called her to the office. "I knew what it was then. I knew it was cancer," Moore said.

Moore said she is alive today because she was persistent. "If your body is telling you something, you've got to listen to it, and then you've got to get other people to listen to you," she said.

Dr. Kemi Doll, a gynecologic oncologist at the University of Washington School of Medicine in Seattle, has been doing research for years to figure out why so many Black women die of endometrial cancer.

She has found that ultrasound scans that measure the thickness of the uterine wall are less accurate when patients have the more-lethal non-endometrioid type of uterine cancer, which is more common among Black women.

The scans are also less effective when women have uterine fibroids, which obscure the scanner's view, she found. That may explain why Black women, many of whom suffer from uterine fibroids, are more often diagnosed later in the disease process, Doll said.

If thickening is not discovered, physicians will generally not go on to perform a biopsy to test for the cancer.

Premenopausal women who have erratic menstrual cycles may not recognize that they need to check for uterine cancer because they think of the irregularities as normal, Doll said. And women in perimenopause who expect abnormal bleeding may also not recognize when something is wrong, she said.

“We need to rethink our guidelines,” Doll said. Women who have abnormal cycles and unusual bleeding throughout their lives are at highest risk: “It is the abnormality of the cycle that increases the risk of endometrial cancer, because of the dysregulation of hormones.”

But the bigger problem, she said, is that there is so little public awareness. Women know they should have mammograms and Pap smears to screen for breast and cervical cancer.

“If someone found a lump in her breast, would she put off doing something? Everybody would tell her, ‘No, no, no, go right now,’ ” Doll said. Uterine cancer is four times as common as cervical cancer, she added, “and we have not had any national dialogue about it.”

When she gives women a diagnosis of uterine cancer, most say they have never heard of it, Doll added.

Treatment typically requires a complete hysterectomy, with surgical removal of the uterus, ovaries, fallopian tubes and cervix. Radiation and medication therapies may also be required, depending on the stage of the disease.

Having a hysterectomy can be life-altering for young women, plunging them into surgical menopause and possibly requiring hormone treatment to manage the side effects, and disrupting the plans of those hoping to have children.

Caught early, however, uterine cancer is considered highly curable. Angelyn Jackson, a 55-year-old elementary school teacher outside Atlanta, decided last summer to resume annual checkups disrupted by the pandemic. When she reported light bleeding, her gynecologist immediately checked her for uterine cancer.

Jackson got the diagnosis July 8 and had a hysterectomy 20 days later, catching the disease at an early stage, she said. She is still being closely observed.

It has been three years since Collins' hysterectomy and radiation therapy. She now goes out of her way to tell friends and acquaintances to immediately talk to their doctors about unusual bleeding or other symptoms like pain, bloating or sudden weight loss.

“I tell them, ‘Don't wait; don't wait. If it doesn't feel right, if you don't think it should be happening — check it out,’” Collins said. “I should have looked into it sooner.”

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# Alarming Racial Differences in Maternal Mortality

[Mary Beth Flanders-Stepans](#), PhD, RN

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## Abstract

In this column, the author reviews statistics that reflect the disparity of maternal mortality rates among black, nonwhite, and white women.

**Keywords:** maternal mortality, pregnancy, childbirth education

In the United States, black women are 2 to 6 times more likely to die from complications of pregnancy than white women, depending on where they live ([American Medical Association, 1999](#)). Total maternal mortality rates ranged from 1.9 deaths per 100,000 in New Hampshire to 22.8 in the District of Columbia. When data from 1979 to 1992 were analyzed, the overall pregnancy-related mortality ratio was 25.1 deaths per 100,000 for black women, 10.3 for Hispanic women, and 6.0 for non-Hispanic white women ([Hopkins et al., 1999](#)). These rates have not improved between 1987 and 1996 ([American Medical Association, 1999](#)). The leading causes of maternal death are hemorrhage, pregnancy-induced hypertension, and embolism ([Berg, Atrash, Koonin, & Tucker, 1996](#)). Black and nonwhite women have almost 3 times the risk of death from hemorrhage than white women ([Chichakli, Atrash, Mackay, Musani, & Berg, 1999](#)).

None of these authors are able to explain the racial differences in maternal mortality rates. However, “quality of prenatal delivery and postpartum care, as well as interaction between health-seeking behaviors and satisfaction with care may explain part of this difference” ([American Medical Association, 1999](#), p. 1221). The [Center for Disease Control \(1999\)](#), though, points to the fact that 50% of pregnancies are unplanned. These pregnancies are associated with increased mortality for the mother and infant. “Lifestyle factors (e.g., smoking, drinking alcohol, unsafe sex practices, and poor nutrition) and inadequate intake of foods containing folic acid pose serious health hazards to the mother and fetus and are more common among women with unintended pregnancies” ([Center for Disease Control, 1999](#), p. 849). In addition, the CDC estimates that half of the women that experience an unintended pregnancy do not seek prenatal care during the first trimester. To discover interventions that may diminish maternal mortality, 25 states have reestablished maternal mortality review committees to examine factors that may contribute to maternal deaths ([American Medical Society, 1999](#)). To understand the disparity in maternal mortality rates among black and white women, much more public health surveillance and prevention research is needed. In an effort to provide overlooked information related to minority health issues and concerns, Kaiser Permanente National Diversity Council has designed handbooks for providers. More information about these handbooks can be obtained by contacting the National Diversity Program at 510-271-6485 or through e-mail at [gro.pk@silleKairamzuL](mailto:gro.pk@silleKairamzuL).

Childbirth educators are in a unique position to instruct women about the risks of unhealthy lifestyle factors and delayed prenatal care. Contraception information can be added to the curriculum to help women reduce their risk of unintended pregnancy during the postpartum period. In addition, childbirth education efforts must be extended to more women living in poverty. Childbirth educators can play a role in bringing our nation closer to the 2010 National Health Objectives to reduce the overall maternal mortality ratio to no more than 3.3 per 100,000.

## Safe Motherhood Initiatives—USA

The following goals\* represent SMI-USA's vision for achieving social and policy changes that will ensure safe motherhood for all women in the United States:

- Women and men are equal partners in all aspects of society.
- Every girl and boy arrives at maturity with full physical, emotional, and spiritual health.
- Women and men assume responsibility for making motherhood safe and for parenting.

- Women trust their bodies and view birth as a normal, positive, growth-producing experience for the family.
- Women are educated and empowered to make informed decisions for choices during childbirth, including choice of birth attendant and site of birth.
- Motherhood takes place within a physical environment and social system that promotes well-being for all women.
- Women receive appropriate care based on need, and there is no discrimination based on ability to pay, place of residence, culture, religion, or ethnic background.
- The use of technology, drugs, and interventions in childbearing is based on research and fully informed consent and is individualized to the health needs of each woman.
- Safe motherhood in the United States is a woman-centered effort within the community that requires the support and efforts of many people and in which midwifery care is an integral component.
- The United States will use its intellectual and material resources fairly and have the political will to ensure that safe motherhood becomes a reality for all women.

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## Footnotes

\*Source: Lowe, N. K. (1998). Safe motherhood USA. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 27(5), 491.

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[Harvard Public Health](#)

Magazine of the Harvard T.H. Chan School of Public Health

# America is Failing its Black Mothers

**For decades, Harvard Chan alumni have shed light on high maternal mortality rates in African American women. Finally, policymakers are beginning to pay attention.**



Serena Williams knew her body well enough to listen when it told her something was wrong. Winner of 23 Grand Slam singles titles, she'd been playing tennis since age 3—as a professional since 14. Along the way, she'd survived a life-threatening blood clot in her lungs, bounced back from knee injuries, and drowned out the voices of sports commentators and fans who criticized her body and spewed racist epithets. At 36, Williams was as powerful as ever. She could still devastate opponents with the power of a serve once clocked at 128.6 miles per hour. But in September 2017, on the day after delivering her baby, Olympia, by emergency C-section, Williams lost her breath and recognized the warning signs of a serious condition.

She walked out of her hospital room and approached a nurse, Williams later told *Vogue* magazine. Gasping out her words, she said that she feared another blood clot and needed a CT scan and an IV of heparin, a blood thinner. The nurse suggested that Williams' pain medication must be making her confused. Williams insisted that something was wrong, and a test was ordered—an ultrasound on her legs to address swelling. When that turned up nothing, she was finally sent for the lung CT. It found several blood clots. And, just as Williams had suggested, heparin did the trick. She told *Vogue*, “I was like, listen to Dr. Williams!”

But her ordeal wasn't over. Severe coughing had opened her C-section incision, and a subsequent surgery revealed a hemorrhage at that site. When Williams was finally released from the hospital, she was confined to her bed for six weeks.



**Wanda Irving holds her granddaughter, Soleil, in front of a portrait of Soleil's mother, Shalon Irving, at home in Sandy Springs, Georgia. Wanda has been raising Soleil since Shalon—an epidemiologist with the U.S. Centers for Disease Control and Prevention—died in 2017 from complications of hypertension a few weeks after giving birth.**

Like Williams, Shalon Irving, an African American woman, was 36 when she had her baby in 2017. An epidemiologist at the U.S. Centers for Disease Control and Prevention (CDC), she wrote in her Twitter bio, “I see inequity wherever it exists, call it by name, and work to eliminate it.”

Irving knew her pregnancy was risky. She had a clotting disorder and a history of high blood pressure, but she also had access to top-quality care and a strong support system of family and friends. She was doing so well after the C-section birth of her baby, Soleil, that her doctors consented to her request to leave the hospital after just two nights (three or four is typical). But after she returned home, things quickly went downhill.

For the next three weeks, Irving made visit after visit to her primary care providers, first for a painful hematoma (blood trapped under layers of healing skin) at her incision, then for spiking blood pressure, headaches and blurred vision, swelling legs, and rapid weight gain. Her mother told ProPublica that at these appointments, clinicians repeatedly assured Irving that the symptoms were normal. She just needed to wait it out. But hours after her last medical appointment, Irving took a newly prescribed blood pressure medication, collapsed, and died soon after at the hospital when her family removed her from life support.

# THE RATE OF MATERNAL MORTALITY IN THE U.S. IS CLIMBING

Measured in number of deaths per 100,000 live births

1987

7.2 deaths per 100,000

2014

18 deaths per 100,000

## THE RATE IS MARKEDLY HIGHER AMONG BLACK WOMEN

Between 2011-2014, the pregnancy-related mortality ratios were:

40.0

Black women

Viewed up close, the deaths of mothers like Irving are devastating, private tragedies. But pull back, and a picture emerges of a public health crisis that's been hiding in plain sight for the last 30 years.

Following decades of decline, maternal deaths began to rise in the United States around 1990—a significant departure from the world's other affluent countries. By 2013, rates had more than doubled. The CDC now estimates that 700 to 900 new and expectant mothers die in the U.S. each year, and an additional 500,000 women experience life-threatening postpartum complications. More than half of these deaths and near deaths are from preventable causes, and a disproportionate number of the women suffering are black.

Put simply, for black women far more than for white women, giving birth can amount to a death sentence. African American women are three to four times more likely to die during or after delivery than are white women. According to the World Health Organization, their odds of surviving childbirth are comparable to those of women in countries such as Mexico and Uzbekistan, where significant proportions of the population live in poverty.

Irving's friend Raegan McDonald-Mosley, chief medical director for Planned Parenthood Federation of America, told ProPublica, "You can't educate your way out of this problem. You can't health-care-access your way out of this problem. There's something inherently wrong with the system that's not valuing the lives of black women equally to white women."

## **Lost mothers**

Speaking at a symposium hosted by the Maternal Health Task Force at the Harvard T.H. Chan School of Public Health in September 2018, investigative reporter Nina Martin noted telling commonalities in the stories she's gathered about mothers who died. Once a baby is born, he or she becomes the focus of medical attention. Mothers are monitored less, their concerns are often dismissed, and they tend to be sent home without adequate information about potentially concerning symptoms. For African American mothers, the risks jump at each stage of the labor, delivery, and postpartum process.

Neel Shah, an obstetrician-gynecologist at Beth Israel Deaconess Medical Center in Boston and director of the Delivery Decisions Initiative at Ariadne Labs, recalls being struck by Martin's ProPublica-NPR series *Lost Mothers*, which delved into the issue. "The common thread is that when black women expressed concern about their symptoms, clinicians were more delayed and seemed to believe them less," he says. "It's forced me to think more deeply about my own approach. There is a very fine line between clinical intuition and unconscious bias."

For members of the public, the experiences of prominent black women may prove to be a teachable moment. When pop superstar Beyoncé developed the hypertensive disorder pre-eclampsia—which left untreated can kill a mother and her baby—after delivering her twins by emergency C-section in 2017, Google searches related to the condition spiked. According to the U.S. Agency for Healthcare Research and Quality, pre-eclampsia—one of the leading causes of maternal death—and eclampsia (seizures that develop after pre-eclampsia) are 60 percent more common in African American women than in white women, and also more severe. If it can happen to Beyoncé—an international star who presumably can afford the highest-quality medical care—it can happen to anyone.

## **Weathering report**

Arline Geronimus, SD '85, has been talking about the effects of racism on health for decades, even when others haven't wanted to listen. Growing up in the 1960s in Brookline, Massachusetts, Geronimus, who is white, absorbed the messages of the Civil Rights movement and the harrowing stories of her Jewish family's experiences in czarist Russia. When she headed off to Princeton as an undergraduate, she resolved to find a way to fight against injustice. Her initial plan to become a civil rights lawyer gave way when she discovered the power and potential of public health research.

Geronimus worked as a research assistant for a professor studying teen pregnancy among poor urban residents, and, as a volunteer at a Planned Parenthood clinic, witnessed close-up the lives of pregnant black teens living in poverty in Trenton, New Jersey. She felt a chasm open up between what some of her white male professors were confidently explicating about the lives of these adolescents and how the young women themselves saw their lives.



Arline Geronimus, SD '85

According to the conventional wisdom at the time, Geronimus says, teen pregnancy was the primary driver of maternal and infant deaths and a host of multigenerational health and social problems among low-income African Americans. Researchers focused on this issue while ignoring broader systemic factors.

Geronimus sought to connect the dots between the health problems the girls experienced, like asthma and type 2 diabetes, and negative forces in their lives. She visited them in their crumbling apartments and accompanied them to medical appointments where doctors treated the girls like props, without agency in their own care. And she noticed that they seemed older, somehow, than girls the same age whom Geronimus knew.

“That’s when I got the fire in my belly,” she says, her voice rising. “These young women had real, immediate needs that those of us in the hallowed halls of Princeton could have helped address. But we weren’t seeing those urgent needs. We just wanted to teach them about contraception.”

Geronimus came to the Harvard Chan School to learn how to rigorously explore the ways that social disadvantage corrodes health—a concept for which she coined the term “weathering.” Her adviser, Steven Gortmaker, professor of the practice of health sociology, provided data for her to correlate infant mortality by maternal age. While most such studies put mothers into broad categories of teen and not-teen, Geronimus looked at the risks they faced at every age. The results were surprising even to her.

White women in their 20s were more likely to give birth to a healthy baby than those in their teens. But among black women, the opposite was true: The older the mother, the greater the risk of maternal and newborn health complications and death. In public health, the condition of a baby is considered a reliable proxy for the health of the mother. Geronimus’ data suggested that black women may be less healthy at 25 than at 17.

“Being able to see those stark numbers was essential for me,” says Geronimus, who is now a professor of health behavior and health education at the University of Michigan School of Public Health and a member of the National Academy of Medicine. And the implications were staggering. If young black women were already showing signs of weathering, how would that play out over the rest of their lives—and what could be done to stop it?

Geronimus’ questions were ahead of their time. The press and the public—even other scientists—misinterpreted her findings as a recommendation that black women have children in their teens, she says, recalling with a sigh such clueless headlines as, “Researcher says let them have babies.”

In the 1970s, even researchers who broached the topic of racial differences in health outcomes—and few did—focused on small pieces of the puzzle. Some were looking at genetics, others at behavioral and cultural differences or health care access. “No one wanted to look at what was wrong with how our society works and how that can be expressed in the health of different groups,” Geronimus says. Over time, her ideas would become harder to dismiss.

The tide began to turn in the early 1980s, when former Health and Human Services Secretary Margaret Heckler convened the first group of experts to conduct a comprehensive study of the health status of minority populations. As the field of social epidemiology took off, the *Report of the Secretary’s Task Force on Black and Minority Health* (also known as the Heckler Report) brought Geronimus’ animating questions into mainstream debate.

Then, in 1993, researchers identified a physiological mechanism that could finally explain weathering: allostatic load. “We as a species are designed to respond to threats to life by having a physiological stress response,” Geronimus explains. “When you face a literal life-or-death threat, there is a short window of time during which you must escape or be killed by the predator.” Stress hormones cascade through the body, sending blood flowing to the muscles and the heart to help the body run faster and fight harder. Molecules called pro-inflammatory cytokines are produced to help heal any wounds that result.

These processes siphon energy from other bodily systems that aren’t enlisted in the fight-or-flight response, including those that support healthy pregnancies. That’s not important if the threat is short term, because the body’s biochemical homeostasis quickly returns to normal. But for people who face chronic threats and hardships—like struggling to make ends meet on a minimum wage job or witnessing racialized police brutality—the fight-or-flight response may never abate. “It’s like facing tigers coming from several directions every day,” Geronimus says, and the damage is compounded over time.

As a result, health risks rise at increasingly younger ages for chronic conditions like hypertension and type 2 diabetes. Depression and sleep deprivation become more common. People are also more likely to engage in risky coping behaviors, such as overeating, drinking, and smoking.

Geronimus’ foundational work in the 1980s and 1990s has been cited by David R. Williams, the Florence Sprague Norman and Laura Smart Norman Professor of Public Health at the Harvard Chan School, an internationally recognized expert in the ways that racism and other social influences affect health. His Everyday Discrimination Scale is one of the most widely used measures of discrimination in health studies. It includes questions that measure experiences such as being treated with discourtesy, receiving poorer service than others in restaurants or stores, or witnessing people act as if they’re afraid of you. As he explained in a 2016 TEDMED talk, “This scale captures ways in which the dignity and the respect of people who society does not value is chipped away on a daily basis.”

## **Maternal Mortality in the U.S.: A Human Rights Crisis**

Despite high-tech medical advances of the last century, women around the world are still dying in pregnancy and childbirth from age-old scourges such as hemorrhage and pre-eclampsia and, increasingly, from complications related to chronic diseases, obesity, and advanced maternal age.

In 2000, the global health and development community acknowledged the need for action in Goal 5 of the U.N. Millennium Development Goals, which aimed to reduce maternal deaths by three-quarters in 15 years (it declined by 45 percent). While press and publicity around the push offered harrowing stories, women reading these stories in the U.S. may well have come away believing that it was a problem for mothers in villages in Sierra Leone—but surely not in Atlanta or Washington, D.C.

Starting in 2008, human rights groups around the world began calling on the U.S. to do more to keep its mothers from dying. The United Nations Committee on the Elimination of Racial Discrimination (CERD) expressed concern about inequities in maternal mortality and recommended that steps be taken to improve access to maternal health care, family planning, and sexuality education and information.

A 2012 Amnesty International report declared that these steps weren't enough: "Preventable maternal mortality can result from or reflect violations of a variety of human rights, including the right to life, the right to freedom from discrimination, and the right to the highest attainable standard of health." Having ratified two key international treaties guaranteeing these rights, the authors wrote, the U.S. government should be held accountable.

Four years later, representatives from the advocacy organization SisterSong, the Center for Reproductive Rights, and National Latina Institute for Reproductive Health issued a report to CERD further exploring these issues. CERD adopted the groups' recommendations, including addressing stereotypes that promote discrimination in clinical settings and standardizing data collection on maternal deaths. In 2015, an advocacy organization called Black Mamas Matter emerged out of this effort to keep pushing the agenda forward.

To the women leading the charge, one central fact was clear: Racism is an undeniable thread running through the stories of black mothers who die. But as Elizabeth Dawes Gay, co-director of Black Mamas Matter and a public health professional, wrote in *The Nation*, providers and researchers often place "the onus for large-scale change on individuals rather than the systems that we know cause harm."

## **The telomere connection**

In the early 2000s, research on telomeres—protective caps on chromosomes—provided further evidence that weathering is not merely a metaphor but a biological reality. Each time cells divide, telomeres get a little shorter. They eventually reach a point where they can't divide anymore and die. Allostatic load causes cells to divide faster to keep repairing themselves. The result is earlier deterioration of organs and tissues—essentially, premature aging.

"This is what I've been talking about all along," Geronimus says. "Weathering is a biological response to social factors—a product of your lived experience and how that impacts you physiologically. But now, I can describe this even more specifically, in terms of physiological mechanisms. The emerging science gives the concept of weathering a kind of substance or credibility, which has allowed more people to be open to it."

Geronimus has incorporated the study of allostatic load and telomere length into her own work. She recently led a study of telomere length in Detroit among low-income individuals of multiple races and ethnicities. The results suggested that community and kin networks may be more protective for health than income and education.

Indeed, in this study population, poor white individuals actually experienced more weathering than poor minority populations, and Hispanics with more education experienced more weathering than those with less education. Social isolation and feeling estranged from one's community, whether because of occupational or educational differences, along with everyday exposure to discrimination in new, predominantly white, middle-class contexts—in popular lingo, being "othered"—may explain these outcomes, Geronimus says.

She hopes to dig further into this line of inquiry, to find out which social stressors matter the most for health, how they can be disrupted, and how the scientific findings can be turned into policy. "If someone is experiencing weathering because of the discrimination they face in their lives," she says, "the solution is not just to tell them to get more exercise."

That Geronimus' ideas have become mainstream in the field was evident at the 23rd Annual HeLa Women's Health Symposium, held in September 2018 at Morehouse School of Medicine, in Atlanta. This year's event focused on maternal health disparities, and Geronimus' findings bubbled up in the talks of many speakers. Researchers and advocates said that a key part of reducing maternal deaths was addressing the societal conditions that affect women's health throughout their lives, like housing, air quality, and nutrition. One of those speakers was a fellow Harvard Chan alumna and a public health professional who was in a position to make a difference.

## **Finding stories in statistics**

When she was growing up in a military family in California's San Fernando Valley, Wanda Barfield, MPH '90, a rear admiral in the U.S. Public Health Service and director of the Division of Reproductive Health at the CDC, was the kind

of kid who would tend to an injured squirrel that fell out of a palm tree. She could never turn away a creature in distress, she says, and often had a stray dog or cat at home under her care. Veterinary medicine seemed like an obvious career path, but as an undergraduate at the University of California–Irvine, she learned about another vulnerable population in need of her big heart.



Wanda Barfield, MPH '90, director of the Division of Reproductive Health, U.S. Centers for Disease Control and Prevention

Black babies were twice as likely to die within their first year as white babies, Barfield read in the Heckler Report. That insight was life-changing.

Barfield, who is African American, had grown up largely protected from the harsh realities of U.S. health inequities. Her dad was in the Navy’s submarine service, a job that came with secure housing and high-quality, accessible health care for his family. Reading the government report completely altered her perspective, and volunteering in a neonatal intensive care unit (NICU) sealed the deal. “I knew I wanted to care for babies and somehow close the gap,” she says. “As I started learning more about working in the NICU, I realized that a baby’s health is related to the health of the mother, and that the health of the mother is related to her community and to the circumstances of her life. I learned that the social determinants of health mattered in very real and concrete ways.”

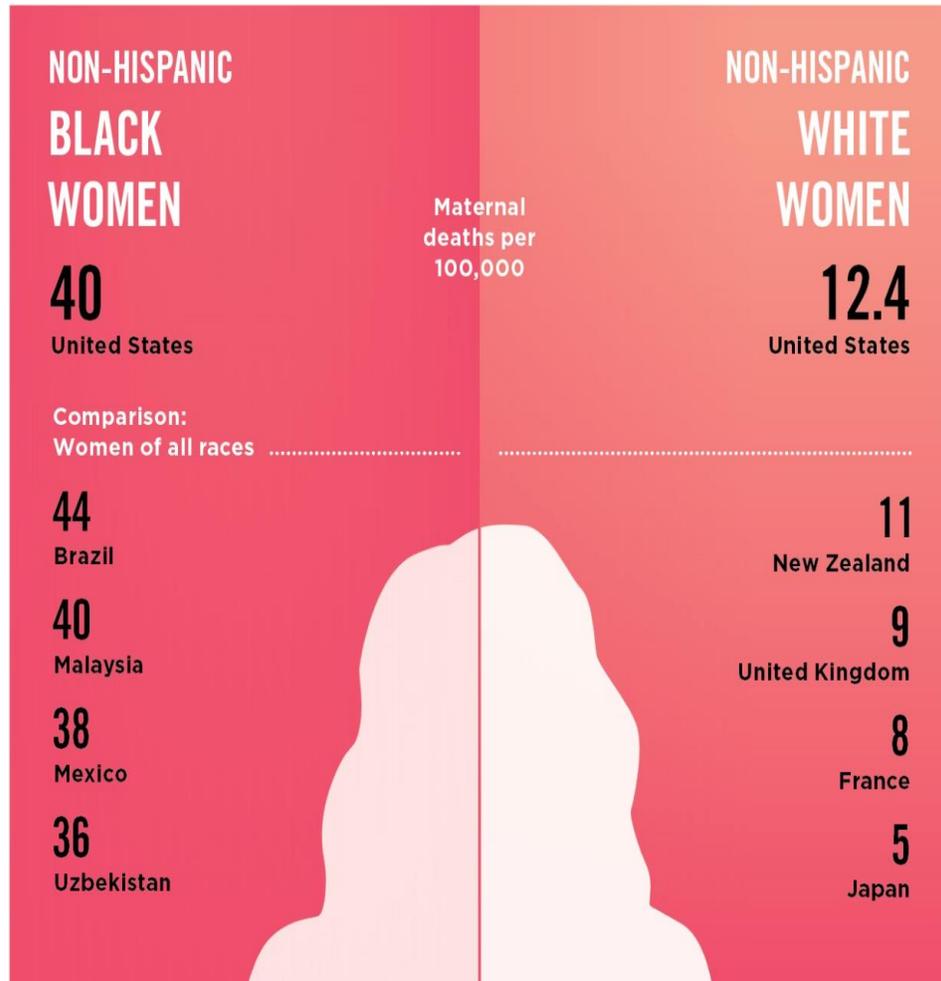
Barfield entered Harvard Medical School in 1985, one of just 24 students selected to participate in a new approach to medical education focused on problem solving and early patient interaction. Encouraged to take time off before her last year of medical school to earn an MPH at the Harvard Chan School, Barfield researched infant health outcomes in military families. Overall, African American babies in this population were healthier compared with babies in the general African American population, and their birth weights were higher.

One factor that may have made a difference: better access to care, which included more frequent prenatal visits. But Barfield notes that access is just a small piece of the overall health care women receive. More women are going into pregnancy with diabetes, hypertension, and overweight, she says, and these can threaten pregnancy.

But health care is not just a matter of scheduling an appointment. Mary Wesley, DrPH ’18, an epidemiologist and health services consultant working with the Mississippi State Department of Health, organized data from a series of focus groups held with mothers across the state in 2013. Some women reported that they avoided prenatal care because of the way they were treated by providers. These women, many of whom were low-income or lived in rural areas, wanted more education about caring for themselves and their babies but were limited in their choice of providers. If they felt disrespected or unheard in the examining room, there was nowhere else to go.

## MORTALITY GAP FOR U.S. MOMS

In the U.S., black women who are expecting or who are new mothers die at rates similar to those of the same women in lower-income countries, while the maternal mortality rate for white U.S. mothers more closely resembles rates in more affluent nations.



Sources: U.S. ratios (2011-2013): CDC Pregnancy Mortality Surveillance System; Global ratios (2015): UNICEF

The CDC currently collects the death certificates of all women who died during pregnancy or within a year of pregnancy. The information is voluntarily provided by the health departments in all 50 states, New York City, and Washington, D.C. But the information is limited, and there is no national standard.

Barfield and others in the field are pushing for wider adoption of Maternal Mortality Review Committees (MMRCs), now operating in about 30 states. Every time a mother dies, these volunteer expert panels meet to review official data as well as other information about the mother's life, such as media stories or her social media postings. The goal is to identify what went wrong and to develop guidelines for action. In Georgia, for example, where the country's maternal death rates are highest, the committee has found records of women who developed hypertension during pregnancy and didn't receive medication soon enough, women who died waiting for unavailable ambulances, and women whose providers didn't understand warning signs that led to a hemorrhage, just to name a few gaps in the system. "We need these stories to save women's lives," Barfield says.

Data that Barfield and her colleagues at the CDC are gathering through a new system called MMRIA (Maternal Mortality Review Information Application)—pronounced "Maria"—may help identify other under-recognized barriers to safe delivery. MMRIA pulls stories together and looks for trends. In its first report, published in January 2018, data from nine states found that the reasons women died varied by race. White mothers were less likely to have died from pre-eclampsia than black mothers, and more likely to have died from mental health issues, including postpartum depression and drug addiction. Barfield hopes to find out whether these results are true across a broader population and is working on expanding the system. Ideally, MMRCs will amass more fine-grained information about the conditions of lost mothers' lives, so that researchers can understand how to stop these untimely, heartbreaking—and largely preventable—deaths.

"A maternal death is more than just a number or part of a count," says Barfield. "It is a tragedy that leaves a hole in a family. It is a story that often includes missed opportunities, both inside and outside of the hospital. It's important to find out why women are dying so we can prevent the circumstances leading to their death."

## **The Black Women's Health Study**

Every two years, participants in the Black Women's Health Study (BWHS), an ongoing cohort study of 59,000 black women, are sent questions about their health, their habits, and various experiences in their lives. Some of the questions, including several from the Everyday Discrimination Scale (developed by the Harvard Chan School's David Williams, see page 20), have focused on their perceptions of the discrimination they experience. Now in its 23rd year, the BWHS is the largest cohort study focused on black women's health.

The study was launched by Harvard Chan School alumnae Julie Palmer, ScD '88, and Lynn Rosenberg, SM '72, ScD '78, both professors at the Slone Epidemiology Center of Boston University. Noting that the scientifically productive Nurses' Health Studies included mostly white women, they felt it was important to gather similarly robust data on the health of African American women.

It took a few years before funding agencies were on board. "They weren't convinced of the value of a study that only included black women and didn't have a comparison group," Palmer says. "But we wanted the whole study population to be black women so that we would have as much statistical power as possible. We wanted to study exposure and disease relationships in black women, rather than using resources for a comparison with white women."

With the National Cancer Institute as a major sponsor, breast cancer emerged as an early area of focus. Researchers already recognized that while black women and white women have a similar chance of developing breast cancer, black women are 40 percent more likely to die from the disease. Today, they know that black women are more likely than white women to develop the most aggressive and less treatment-responsive form of breast cancer, known as estrogen-receptor-negative, or ER-. Exactly why remains a burning question and is being addressed in BWHS research. Palmer led a collaborative analysis of pregnancy data from the BWHS and three other large studies of breast cancer, finding that childbearing without breastfeeding leads to an increased risk of ER- breast cancer. For complicated reasons, breastfeeding is markedly less common among black mothers in the U.S. than in other mothers.

In a line of research separate from BWHS, Nancy Krieger, professor of social epidemiology at the Harvard Chan School, found that early-life exposure to Jim Crow laws—which legalized racial discrimination in Southern U.S. states from the late 1870s through the mid-1960s—was associated with negative health effects decades later. Among U.S. women currently diagnosed with breast cancer, being born in a Jim Crow state raised black women’s risk of being diagnosed with ER- breast tumors.

BWHS investigators are also exploring other conditions that are uncommon in the general population but have emerged in striking numbers in black women, including sarcoidosis, a connective tissue disorder. “We didn’t ask about it; none of us had heard of it,” Palmer says. “On the first questionnaire, we had two write-in spots for other conditions, and a few hundred women wrote in sarcoidosis.” A literature search showed it was more common in blacks than whites and in women than men. One researcher, Yvette Cozier, has made it one of her primary areas of investigation. As Palmer says, “That wouldn’t have happened without 59,000 black women telling us about their health concerns.”

She adds that an African American student working on the study had a preterm birth around the same time that several white women on the team had normal births. The team had already been looking into the effects of discrimination on health—but the student’s unsettling experience was a striking reminder of why the research is important.

## **Saving mothers**

Will this growing body of data attesting to black women’s increased risk of death during and after childbirth shape policymaking? Researchers want to see a broad range of changes in health care culture, in public health information gathering, and in society at large. As Neel Shah and Boston University’s Eugene Declercq noted in an August 2018 editorial in STAT, maternal deaths are a “canary in the coal mine for women’s health.” Shah added in a recent interview: “Efforts by clinicians and hospitals to improve maternity care are essential. But we can’t solve the problem of maternal deaths unless we acknowledge that women’s health isn’t something to be concerned about only during pregnancy and then disregarded after the baby is born.”

In 2017, Shah started a national March for Moms to raise public awareness around maternal health. Through his work with Ariadne Labs, he is piloting new approaches to the birth process that ensure that mothers are empowered to make decisions about their care, including a labor and delivery planning whiteboard that helps track mothers’ preferences, health conditions, and birth progress. He says that work is under way on a program to improve community support for mothers during the critical first year after childbirth by galvanizing city governments to coordinate and develop resources.

Along similar lines, the Mississippi State Department of Health offers programs that address issues of quality in care that moms referred to in the focus group discussions, says Mary Wesley. One example is the department’s Perinatal High Risk Management/Infant Services System, a multidisciplinary case management program for Medicaid-eligible, high-risk pregnant and postpartum women and their babies less than 1 year old. The program includes enhanced services with home visits, health education, and psychosocial support for nutritional and mental health needs.

Arline Geronimus takes a wider view of the issue, arguing that the solution to racial inequities in maternal mortality is to change the way society works. In the near term, she says, race should regularly be taken into consideration during prenatal risk screenings, because even younger black women could be at increased risk of pregnancy complications. Risk status by maternal age should be reappraised in context, as well. While most women in their 20s and early 30s are considered low-risk, black women may be weathered and biologically older than their chronological age, she said, which makes them more subject to health complications at younger ages.

This is true even among highly educated or professional women, such as Serena Williams or Shalon Irving. The danger of failing to recognize the effects of weathering in black women of higher socioeconomic position can be compounded. That’s because the U.S. lacks policies that support women who want both careers and parenthood, a gap that can lead professional women to postpone childbearing until their late 30s or 40s. According to Geronimus, “As a group, black mothers in their mid- to late 30s have five times the maternal mortality rate of black teen mothers, although the older mothers generally have greater educational or economic resources and access to health care.”

Ana Langer, professor of the practice of public health and coordinator of the School's Women and Health Initiative, points out that the 2010 Amnesty International report *Deadly Delivery: The Maternal Health Care Crisis in the USA*, contained a shocking fact: Most women in the U.S. weren't dying during childbirth because of the complexity of their health conditions, but because of the barriers they faced in accessing high-quality maternal care—particularly those who were poor or faced racial discrimination.

**Video: [Black moms share their stories](#)**

In general, maternal mortality in the U.S. receives scant attention, Langer adds, in part because there are relatively few deaths each year compared with other conditions, and also because there are no important business opportunities related to conditions that don't require sophisticated drugs or technologies. But she bluntly suggests an additional reason: "Women—particularly those who are most vulnerable due to their race, age, or socioeconomic status—receive less attention overall for their health issues, compared to men. On a positive note, the attention on gender and sex gaps and social determinants of health in research and care is rapidly increasing. This is the time to build on this growing momentum to increase the efforts to improve maternal health in the U.S."

In an April 2018 Rewire News story, Elizabeth Dawes Gay, of Black Mamas Matter, directly addressed the racial disparities element in maternal mortality: "Those of us who want to stop black mamas from dying unnecessarily have to name racism as an important factor in black maternal health outcomes and address it through strategic policy change and culture shifts. This requires us to step outside of a framework that only looks at health care and consider the full scope of factors and policies that influence the black American experience. It requires us to examine and dismantle oppressive and discriminatory policies. And it requires us to acknowledge black people as fully human and deserving of fair and equal treatment and act on that belief."

As Linda Blount, of the Black Women's Health Imperative, noted during the Morehouse symposium, "Race is not a risk factor. It is the lived experience of being a black woman in this society that is the risk factor."

Serena Williams understands that. She told the BBC that she had received excellent care overall for her postpartum complications. But then she pulled back the lens. "Imagine all the other women," she said, who "go through that without the same health care, without the same response."

*Amy Roeder is associate editor of Harvard Public Health.*

*Photos: Getty Images, Becky Harlan/NPR, Brian Lillie/University of Michigan, U.S. Centers for Disease Control and Prevention*

*Illustrations: Benjamin S. Wallace/Harvard Chan School*

## **News from the School**

# Maternal death rate isn't as bad if you don't count Black women, GOP senator says

Mia Jankowicz

Sat, May 21, 2022, 11:17 AM



Sen. Bill Cassidy of Louisiana. AP Photo/J. Scott Applewhite

- Sen Bill Cassidy said his state's high maternal death rates are more standard if you "correct for race," Politico reports.
- Louisiana has a high Black population and one of the worst maternal death rates in the US.
- Experts called this framing "disturbing," arguing the state must improve healthcare for Black women.

Louisiana Sen. Bill Cassidy said that the state's poor maternal mortality rate is only an "outlier" because of the high proportion of Black women in the state, [according to Politico](#).

Cassidy's comment was featured in Politico's in-depth exploration of Louisiana's maternal death rates, which are among the worst in the country. The state ranks 47 out of 48 states assessed for maternal deaths, [state officials said](#).

Cassidy told the outlet that this is partly because "about a third of our population is African American; African Americans have a higher incidence of maternal mortality.

"So, if you correct our population for race, we're not as much of an outlier as it'd otherwise appear."

He continued: "Now, I say that not to minimize the issue but to focus the issue as to where it would be. For whatever reason, people of color have a higher incidence of maternal mortality."

Overall, [according to Louisiana's Department of Health](#), "four black mothers die for every white mother" in the state. It outpaces a three-to-one ratio nationwide, which is already the worst in the developed world, Politico reported.

Dean Michelle Williams of Harvard T.H. Chan School of Public Health discussed Cassidy's comments [in a blog post](#). (The Politico article was produced as part of a series partnership with the school.)

Williams said: "It's no mystery why maternal mortality rates are so high among Black women. They are high because of the devastating impacts of structural racism and individual bias."

[According to the CDC](#), Black women are disadvantaged in their "access to care, quality of care, prevalence of chronic diseases, structural racism, and implicit biases" in healthcare.

Williams said she found Cassidy's framing "disturbing."

"This is not a moment to quibble about how states are ranked," Williams wrote.

"It's not a moment to correct for race. It's a moment to assert that Louisiana — precisely *because* it has such a large population of Black women — must seize a leadership role in making pregnancy and childbirth safer for all."

She noted that Cassidy has supported numerous public health measures, including those that protect pregnancies.

Cassidy's comment comes soon after [Politico's publishing](#) of [a leaked draft of a Supreme Court decision to overturn Roe v. Wade](#), a measure that the Senator supports.

[Anti-abortion organization Louisiana Right To Life says that](#) Cassidy has a "100% pro-life voting record." Louisiana is also [one of 13 states with "trigger laws"](#) that would come into effect to ban abortion if Roe v. Wade, as looks likely, is overturned.

Following the Roe leak, top British medical journal [The Lancet warned in a stark editorial statement](#) that "women will die" if the decision is overturned. Furthermore, Black women will be the group most affected by the move, [ABC News reported](#).

Asked by Politico how maternal death rates may be affected by the measure, Cassidy said: "If we're using abortion to limit maternal deaths, that's kind of an odd way to approach the problem."

Read the original article on [Business Insider](#)

## **Louisiana Senator Bill Cassidy: Our Maternal Death Rates Are Only Bad If You Count Black Women**

"If you correct our population for race, we're not as much of an outlier as it'd otherwise appear."



By [Bess Levin](#)

May 20, 2022



Republican Senator Bill Cassidy of Louisiana talks to the press before the start of the 2nd day trial of former US President Donald Trump on Capitol Hill February 10, 2021, in Washington, DC. - The US Senate puts Donald Trump on trial for inciting insurrection Wednesday, charging into unprecedented constitutional territory and laying bare the national trauma inflicted in the former president's attempt to overturn his re-election defeat. (Photo by Nicholas Kamm / AFP) (Photo by NICHOLAS KAMM/AFP via Getty Images)NICHOLAS KAMM

As conservatives across the country [wage war](#) on reproductive rights, demanding by law that women be forced to carry any pregnancy to term, regardless of the circumstances, they frequently (and always) like to forget that they do absolutely nothing to support these people during said pregnancies or after. Mississippi, for example, where abortion will immediately [become illegal](#) if *Roe v. Wade* is overturned, has the highest rate of [child poverty](#) in the country and recently [rejected](#) a bid to extend postpartum Medicaid coverage. And in Louisiana, which has a similar trigger law that will [go into effect](#) upon *Roe* being reversed, maternal mortality rates are among the worst in the nation. But according to GOP senator **Bill Cassidy**, the rate at which women die during pregnancy or shortly after is not as bad as it seems—if you subtract the deaths of Black women, which apparently don't count.

In an interview with Politico, the following words [came out](#) of Cassidy's mouth: "About a third of our population is African American; African Americans have a higher incidence of maternal mortality. So, if you correct our population for race, we're not as much of an outlier as it'd otherwise appear. Now, I say that not to minimize the issue but to focus the issue as to where it would be. For whatever reason, people of color have a higher incidence of maternal mortality."

There's a lot to unpack here. Let's start with the idea that Cassidy—who wants to [defund Planned Parenthood](#) is all, *Yes, on its face, our maternal mortality rates are abysmal, but if you only count white women, they're not that bad!* Then there's the phrase "for whatever reason." In fact, there is one very big reason in particular—perhaps you can take a guess? "It's no mystery why maternal mortality rates are so high among Black women," **Michelle Williams**, the dean of Harvard's School of Public Health [said](#) in response. "They are high because of the devastating impacts of structural racism and individual bias." As Politico notes, Black mothers are [three times more likely](#) to die from a pregnancy-related cause than white mothers in the U.S., which has the worst mortality rate among developed nations and where "17 mothers die for every 100,000 pregnancies in the country." In Louisiana, Black mothers are [four times as likely](#) to die than white mothers.

Asked what how *Roe v. Wade* being overturned would affect maternal mortality rates, Cassidy dismissed the question. “If we’re using abortion to limit maternal deaths, that’s kind of an odd way to approach the problem,” he said. That, of course, is total bullshit. As NBC News [reported](#) earlier this month, “Research suggests the bans and restrictions would have manifold effects on maternal health. For one, if more pregnant people can’t get the abortions they seek, they’d shoulder the risk of the U.S.’s relatively high—and rising—rate of death from pregnancy-related causes, which is particularly elevated among people of color.” As Dr. **Amy Addante**, an ob-gyn in Illinois, bluntly put it: “There are going to be women that will die from pregnancy because of this decision, period.”

And in other war-on-women [news](#), via HuffPost:

**Donald Trump**’s pick for a Michigan state Senate seat is promising to ban all birth control if she gets the chance. “I guess we have to ask ourselves, would that ever come to a vote in the Michigan state legislature? And if it should, I would have to side with it should not be legal,” Republican **Jacky Eubanks** said in a recent interview with [the site Church Militant](#). “People believe that birth control—it’s better, like you said, oh, because then you won’t get pregnant and you won’t need to have an abortion,” she added. “But I think it gives people the false sense of security that they can have consequence-free sex, and that’s not true and that’s not correct. Sex ought to be between one man and one woman in the confines of marriage.”

While Eubanks’s comments are completely disturbing, she’s far from the only Republican who’s suggested they want to see contraceptives banned. In March, Senator **Marsha Blackburn** [called](#) *Griswold v. Connecticut*—the 1965 ruling that struck down a state ban on contraceptives—“constitutionally unsound,” while [Idaho plans](#) to hold a hearing to ban emergency contraception and potentially IUDs as well. Others have claimed that anyone worried about a ban on birth control (or gay marriage, or interracial marriage) is being hysterical—which, incidentally, is what many said about the prospect of *Roe* being overturned.

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## Pregnancy Related Deaths

The death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy for her family and for society as a whole. Sadly, about 700 women die each year in the United States as a result of pregnancy or delivery complications.

During pregnancy, a woman’s body goes through many changes. These changes are entirely normal, but may become very important in case there are complications or problems. A pregnancy-related death is defined as the death of a woman during pregnancy or within one year of the end of pregnancy from a [pregnancy complication](#), a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

### What can women do to prevent a pregnancy-related death?

Many factors influence [pregnancy-related health outcomes](#). It is important for all [women of reproductive age](#) to adopt healthy lifestyles (e.g., maintain a healthy diet and weight, be physically active, quit all substance use, prevent injuries) and address any health problems before getting pregnant. Visit your health care provider at recommended and scheduled time periods to discuss if or when you are thinking about getting pregnant. This is important to make sure you receive appropriate medical advice and care, and have healthy pregnancies.

A [healthy pregnancy begins before conception](#) and continues with prenatal care, along with early recognition and management of complications if they arise. Health care providers can help women prepare for pregnancy and for any potential problems during pregnancy. Early initiation of prenatal care by pregnant women, and continuous monitoring of pregnancy by health providers, are key to helping to prevent and treat severe pregnancy-related complications.

### What is CDC doing?

CDC is committed to preventing pregnancy-related deaths, and ensuring the best possible birth outcomes. CDC conducts [national pregnancy-related mortality surveillance](#) to better understand the risk factors for and causes of pregnancy-related deaths in the United States. Findings are released regularly in the scientific literature and on the CDC Web site. [Learn more about CDC's Pregnancy Mortality Surveillance System.](#)

## Public Health Grand Rounds



Public Health Grand Rounds is a monthly webcast created to foster discussion on major public health issues. The November 2017 session, [Meeting the Challenges of Measuring and Preventing Maternal Mortality in the United States](#), discusses efforts to analyze and prevent future deaths.

Women in the United States are more likely to die from childbirth or pregnancy-related causes than other women in the developed world. More details are needed to better understand the actual causes of death, but research suggests that half of these deaths are preventable. Racial disparities persist. The risk of pregnancy-related deaths for black women is 3 to 4 times higher than those of white women. View the [presentation and find out how to earn free continuing education](#).

CDC scientists also provide technical assistance and guidance to support state and local Maternal Mortality Review Committees. These committees work to identify and review deaths of women who die as a result of pregnancy and develop recommendations to prevent future deaths. In 2016, CDC, the Association of Maternal and Child Health Programs, and the CDC Foundation (funded through an award agreement with Merck on behalf of its Merck for Mothers program) announced a new initiative to help reduce maternal mortality, Building U.S. Capacity to Review and Prevent Maternal Deaths.

As a result of this collaboration, CDC and partners launched [Review to ActionExternal](#), a website housing a range of resources to support Maternal Mortality Review Committees. The site promotes the translation of findings into action and also serves as a resource for best practices in maternal mortality review. A key element of this work is the [Maternal Mortality Review Information Application \(MMRIA\)External](#), a free, new data system for committee review information that, when used, provides stronger, more standardized and detailed data than what was previously available. [The Report from Maternal Mortality Review Committees: A View into Their Critical Role \(2017\)External](#) proposes where we could go as a nation as more states are able to collaborate around a shared data framework and understand how the data can inform prevention activities. [The Report from Nine Maternal Mortality Review Committees \(2018\)External](#) shows that most pregnancy-related deaths are preventable and highlights key opportunities for prevention.

# Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths

Black, American Indian/Alaska Native women most affected

## Press Release

Embargoed Until: Thursday, September 5, 2019, 1:00 p.m. ET

Contact: [Media Relations](#)

(404) 639-3286

Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women – and this disparity increases with age, researchers from the Centers for Disease Control and Prevention (CDC) report today in the [Morbidity and Mortality Weekly Report \(MMWR\)](#).

Most pregnancy-related deaths are preventable. Racial and ethnic disparities in pregnancy-related deaths have persisted over time.

Pregnancy-related deaths per 100,000 live births (the pregnancy-related mortality ratio or PRMR) for black and AI/AN women older than 30 was four to five times as high as it was for white women. Even in states with the lowest PRMRs and among women with higher levels of education, significant differences persist. These findings suggest that the disparity observed in pregnancy-related death for black and AI/AN women is a complex national problem.

“These disparities are devastating for families and communities and we must work to eliminate them,” said Emily Petersen, M.D., medical officer at CDC’s Division of Reproductive Health and lead author of the report. “There is an urgent need to identify and evaluate the complex factors contributing to these disparities and to design interventions that will reduce preventable pregnancy-related deaths.”

The CDC’s [Pregnancy-Related Mortality Surveillance System \(PMSS\)](#) defines a pregnancy-related death as the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication; a chain of events initiated by pregnancy; or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

## Key findings: 2007-2016 national data on pregnancy-related mortality

The CDC study, based on analysis of national data on pregnancy-related mortality from 2007-2016, found that:

- Overall PRMRs increased from 15.0 to 17.0 pregnancy-related deaths per 100,000 births.
- Non-Hispanic black (black) and non-Hispanic American Indian/Alaska Native (AI/AN) women experienced higher PRMRs (40.8 and 29.7, respectively) than all other racial/ethnic populations (white PRMR was 12.7, Asian/ Pacific Islander PRMR was 13.5 and Hispanic PRMR was 11.5). This was 3.2 and 2.3 times higher than the PRMR for white women – and the gap widened among older age groups.
- For women over the age of 30, PRMR for black and AI/AN women was four to five times higher than it was for white women.
- The PRMR for black women with at least a college degree was 5.2 times that of their white counterparts.
- Cardiomyopathy, thrombotic pulmonary embolism, and hypertensive disorders of pregnancy contributed more to pregnancy-related deaths among black women than among white women.
- Hemorrhage and hypertensive disorders of pregnancy contributed more to pregnancy-related deaths among AI/AN women than white women.
- Disparities were persistent and did not change significantly between 2007-2008 and 2015-2016.

## Reducing disparities in pregnancy-related mortality

Reducing disparities will require the participation of multiple systems to address the factors affecting these disparities.

Hospitals and healthcare systems can:

- Implement standardized protocols in quality improvement initiatives, especially among facilities that serve disproportionately affected communities.
- Identify and address implicit bias in healthcare that would likely improve patient-provider interactions, health communication, and health outcomes.

State and local [Maternal Mortality Review Committees \(MMRCs\)](#)[pdf icon](#)[external icon](#) offer the best opportunity for further identifying priority strategies that will reduce disparities in pregnancy-related mortality.

### **What is CDC doing?**

CDC is awarding more than \$45 million over five years to support the work of MMRCs through the [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality \(ERASE MM\)](#) program. This investment will provide over \$9 million a year to 24 recipients representing 25 states.

A recent [report](#) with data from 13 state MMRCs determined that each pregnancy-related death was associated with several contributing factors, including access to appropriate and high-quality care, missed or delayed diagnoses, and lack of knowledge among patients and providers around warning signs. MMRC data suggest the majority of deaths – 60% or more – could have been prevented by addressing these factors at multiple levels.

“There are many complex drivers of maternal mortality. This report shows the critical need to accelerate efforts and to identify the initiatives that will be most effective,” said Wanda Barfield, M.D., M.P.H., F.A.A.P., director of the CDC’s Division of Reproductive Health. “New funds will increase the capacity and stability of Maternal Mortality Review Committees (MMRCs) to improve consistency and quality in data collection while ensuring the identification of prevention strategies.”

*CDC works 24/7 protecting America’s health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America’s most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.*

# The US finally has better maternal mortality data. Black mothers still fare the worst.

The data are the first to be released since a maternal mortality checkbox was added to death certificates in all 50 states.



SDI Productions / Getty Images

Jan. 30, 2020, 12:01 AM EST

By Elizabeth Chuck

For the first time, the United States has standardized maternal mortality data from all 50 states — a first step toward identifying ways to reduce pregnancy-related deaths across the country, experts say.

The [data](#), released Thursday by the [National Center for Health Statistics](#), show that the national maternal mortality rate — deaths caused or aggravated by pregnancy — was an estimated 17.4 maternal deaths per 100,000 live births in 2018, when 658 women died.

The new statistics are similar to figures from the Centers for Disease Control and Prevention, the umbrella agency for the National Center for Health Statistics. The CDC has found that about [700 women](#) die from complications related to pregnancy or childbirth every year, [putting the U.S. in last place](#) among all developed nations in terms of maternal mortality.

What differentiates the new data is the degree of certainty with which researchers believe it to be accurate: In 2003, the National Center for Health Statistics recommended that all states add a standardized checkbox for maternal deaths after researchers noticed that many of them were not being coded properly, resulting in some being underreported and others being overreported.

"It made it impossible to make any sense of trend at the national level," said Bob Anderson, chief of the mortality statistics branch at the National Center for Health Statistics.

It is a critical statistic to get right, Anderson added.

## Related



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"Maternal mortality is an important indicator of the health of a nation," he said. "These are deaths that are almost entirely preventable, and these are deaths that are occurring at a time that is supposed to be about birth, not death, so it's particularly poignant when a mother dies in childbirth."

Because of constraints in funding and the limits of technology and state laws, it wasn't until 2017 that all states had added the standardized maternal mortality checkbox to their vital registration systems. (California is the last state to do so; it implemented a different checkbox that was usable for the purposes of the National Center for Health Statistics report, Anderson said, but it will switch to the standardized checkbox later this year.)

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[News](#)

### [Do doctors treat pregnant women differently based on race?](#)

Using the new coding method, researchers found that of the 658 women who died of maternal causes in 2018, black women fared the worst, dying 2½ times more often than white women (37.1 vs 14.7 deaths per 100,000 live births), while Hispanic women had the lowest rate of maternal mortality, 11.8 deaths per 100,000 live births.

Black women have historically had the highest maternal mortality rates. Researchers do not have a clear explanation, but they suspect a combination of [institutional racism](#) in society and the health care system, as well as black women's increased susceptibility to certain health conditions, such as obesity and hypertension. Black women are also less likely to have access to quality prenatal care.

[Figures from the CDC's Pregnancy Mortality Surveillance System](#) indicate that from 2007 to 2016, black mothers died at a rate of 3.2 times that of white mothers; in that dataset, Hispanic mothers also had the lowest rate, at 11.5 pregnancy-related deaths per 100,000 live births, slightly less than white women's rate of 12.7 pregnancy-related deaths per 100,000 live births.

The two datasets use slightly different methodologies: The CDC's Pregnancy Mortality Surveillance System defines a pregnancy-related death as happening within a year of pregnancy, while the National Center for Health Statistics uses the World Health Organization's definition of 42 days within pregnancy.

While the National Center for Health Statistics' data are the most recent, Anderson cautioned that they are only a first look at 2018 maternal deaths and cannot be guaranteed to be 100 percent reliable, even with the changes. He said the Pregnancy Mortality Surveillance System is expected to dive into the data more deeply in the future.

Regardless, he said, the new information solidifies what women's health advocates have already zeroed in on as a crisis: the high rate at which black mothers are dying during or after childbirth.

“I don’t think it’s as important to focus on the exact numbers. What’s important is that black women have a much higher maternal mortality rate than white women.”

"That's really the takeaway," Anderson said. "I don't think it's as important to focus on the exact numbers. What's important is that black women have a much higher maternal mortality rate than white women."

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### [Data GraphicsCoronavirus deaths: U.S. map shows number of fatalities compared to confirmed cases](#)

The report did not break down deaths by other races.

Nonetheless, advocates hailed the new data as an important step.

"We have to understand the problem in order to solve it," said Monifa Bandele, senior vice president of MomsRising, a nonprofit organization that advocates for the rights of mothers and other women. "And we never had consistent data, so there was really no way to quantify what was happening. But what we did know from the data that we were getting was that there is a crisis."

“We have to understand the problem in order to solve it.”

She and others said they hoped more precise data could lead to new policies that would reduce preventable deaths and eliminate the racial disparity in maternal mortality.

"Data from the NCHS reflects the scale of the public health challenge we face," Dr. Maureen Phipps, chief executive of the American College of Obstetricians and Gynecologists, the nation's leading group of women's health care physicians, said in a statement. "Access to reliable, consistent data year after year is critical to establishing benchmarks, setting goals, and measuring progress towards improving outcomes."

# Why Are Black Mothers At More Risk Of Dying? | Jul 22,

2020,08:00am EDT



[Alice Broster](#) Contributor  
[Healthcare](#)

I write about women's health and reproductive health



## Doctor listening to fetal heartbeat using doppler ultrasound

Getty

Studies conducted in the U.S. and UK show that Black women are [consistently much more likely to die](#) from complications surrounding pregnancy and childbirth. Some have pointed to systemic problems within healthcare and assumptions made about patients based on race. Research has found that Black mothers in the U.S. [are three to four times more likely](#) to die of pregnancy-related complications. So, why are Black mothers at more risk of dying?

On July 15 the Royal College of Obstetrics and Gynaecology (RCOG) [set up a Race Equality Taskforce](#), formed to get to the bottom of why there are racial disparities in women's healthcare and to better understand the racism that workers experience. Statistics released during Covid-19 highlighted that 55% of pregnant women admitted to hospital with the virus were from Black, Asian or other ethnic minority backgrounds. However, these racial disparities in healthcare long pre-exist the pandemic.

According to the UK [Confidential Enquiry into Maternal Deaths](#), the chance of a Black woman dying from a pregnancy-related complication was one in 2,500. This risk was five times higher than white parents-to-be. Similarly in the U.S., pregnant Black women [are three to four times more likely](#) to die a pregnancy-related death. Some have pointed to social factors contributing to this but a study found that [Black middle-class women were more](#) likely to die in childbirth than white working-class women.

**Serena Williams and Beyoncé are two women who have opened up about the trauma they experienced through pregnancy and childbirth.** Writing about her experience giving birth to her daughter Olympia, Williams said on CNN, "I'm so grateful [I had access to such an incredible medical team](#) of doctors and nurses at a hospital with state-of-the-art equipment. They knew exactly how to handle this complicated turn of events. If it weren't for their professional care, I wouldn't be here today." She suffered a number of complications including a pulmonary embolism and hematoma in her abdomen.

The National Center for Health Statistics collated maternal mortality data from all 50 U.S. states. It found that in 2018 there were an estimated 17.4 maternal deaths per 100,000 live births [when 658 women died](#). However, pregnancy-related deaths were two and a half times more common in Black mothers. Speaking about the data Bob Anderson, chief of the mortality statistics branch at the National Center for Health Statistics said on NBC, "I don't think it's as important to focus on the exact numbers. [What's important is](#) that Black women have a much higher maternal mortality rate than white women."

Throughout the pandemic, pregnant women have been listed as vulnerable and advised to take extra precautions. The differences in the rates of maternal mortality are stark and some have said they need to be looked at in the wider context of racial bias in healthcare. Statistics show that Black women are at a higher risk of [developing heart disease](#) and [having a stroke](#). Similarly, according to the Centers for Disease Control and Prevention, Black women are less likely to develop breast cancer but [40% more likely to die from it](#) than their white counterparts.

"Black women, like all women across races, [have a very hard time](#) being taken seriously about their own bodies, due to pervasive sexism," Tina Sacks, an assistant professor at UC Berkeley's School of Social Welfare and the author of *Invisible Visits: Black Middle-Class Women in the American Healthcare System* told Fortune, "when you compound that with racism, you have a particularly toxic mixture that Black women are facing."

While some have pointed to social factors as being the reason for racial disparities in maternal mortality, others have discarded this as far too simplistic. Dr. Christine Ekechi, Consultant Obstetrician and Gynecologist, Imperial Healthcare and RCOG Spokesperson for Racial Equality said, "[behind every shocking statistic](#) is an individual woman who has died or suffered a poor health outcome. **We have a duty to ensure that no woman or her family suffers unnecessarily and that we address racial inequality, where it exists.**"

# Why are black mothers at more risk of dying?

By Emma Kasprzak BBC News

12 April 2019



Image copyright Candice Brathwaite Image caption Candice Brathwaite shared her birth story to highlight the risks black women face

Black women in the UK are much more likely to die from complications surrounding pregnancy and childbirth than white women. But for many, the report into these maternal deaths and its stark figures only confirmed what they already knew - being black and pregnant carries more risk.

Death in pregnancy and childbirth is rare. But according to one report, there is a proportionally higher risk to black women than white.

The chance of death is 1 in 2,500 for black women according to the [UK Confidential Enquiry into Maternal Deaths](#). But the rate was five times smaller for white women between 2014 and 2016.

The striking figures prompted a warning from the report's author: "The almost fivefold higher mortality rate amongst black women compared with white women requires urgent explanation and action."

But why is this happening?

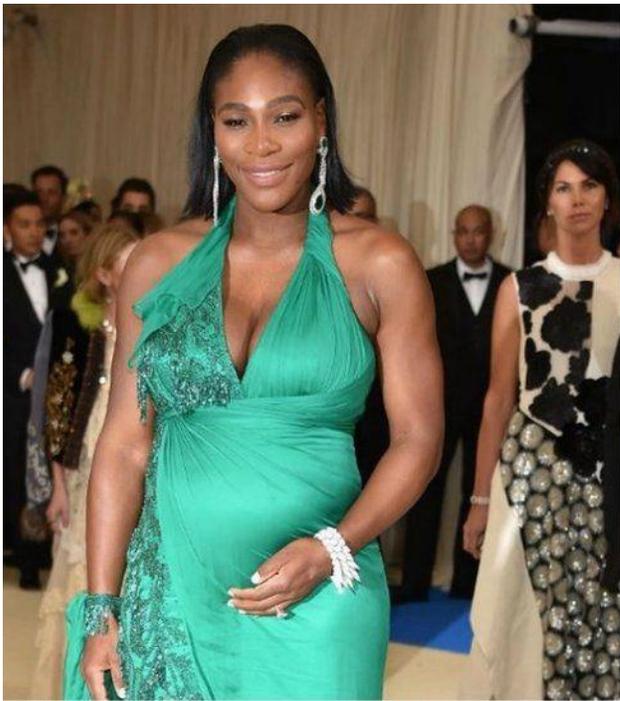


Image copyright Getty Images Image caption Serena Williams and Beyoncé have both talked about the trauma of childbirth

High profile black women such as [Serena Williams and Beyoncé](#) have highlighted the difficulties experienced by black women during pregnancy and childbirth.

The singer [wrote about her preeclampsia](#) - which black women have a [higher risk of developing](#) - while the tennis star said she was [lucky to survive a "slew of health complications"](#) around the birth of her daughter.

Williams said she felt grateful to have had access to an "incredible medical team of doctors and nurses at a hospital with state-of-the-art equipment" but that black women in the United States were often not so lucky - comments that sparked [debate in the media](#).

Indeed, in the US the rate of pregnancy-related deaths among black women is three to four times higher than among white women. While social factors could be behind some of the figures, [one report](#) found black middle-class women were more likely to die in childbirth than white working-class women.



Image copyright Ria Clarke Image caption Dr Ria Clarke said the report left her with more questions than answers

The report says the figures are partly explained by health complications experienced by black women. But it also pointed to other factors, including the inadequate use of antenatal care.

Dr Ria Clarke, who is working towards becoming a consultant in obstetrics and gynaecology, told the Pregnant Then Screwed conference in January that black and Asian women were more likely to be affected by social and economic problems.

"We know there are medical reasons," she added. "We [also] know if you have an unsuitable working and living situation, if you live in poor housing, which impacts on health and outcomes, you can see how that might impact on mortality."

But she said this might not be the full picture.

"We need to talk about the fact black women may not feel that they will be taken seriously, which might make them less likely to disclose how they are feeling.

"This is urgent because women are dying and if it's not racial bias we need to know why [it is happening]."



Image copyright Candice Brathwaite Image caption Candice Brathwaite shared this photo on Make Birth Better's Instagram page to share her birth experience as a black mother

Candice Brathwaite believes she was the victim of racial bias around the time she gave birth to her daughter.

She says she was treated differently to mothers in the same position as her who were of a different race, and that expectant white mothers "seemed to be listened to in more depth and with a sense of empathy" - an approach which she says was missing from her care.

When she told staff she felt "worse than I should" after a Caesarean, she felt her concerns weren't listened to, something she thinks could be down to racial bias within the NHS.

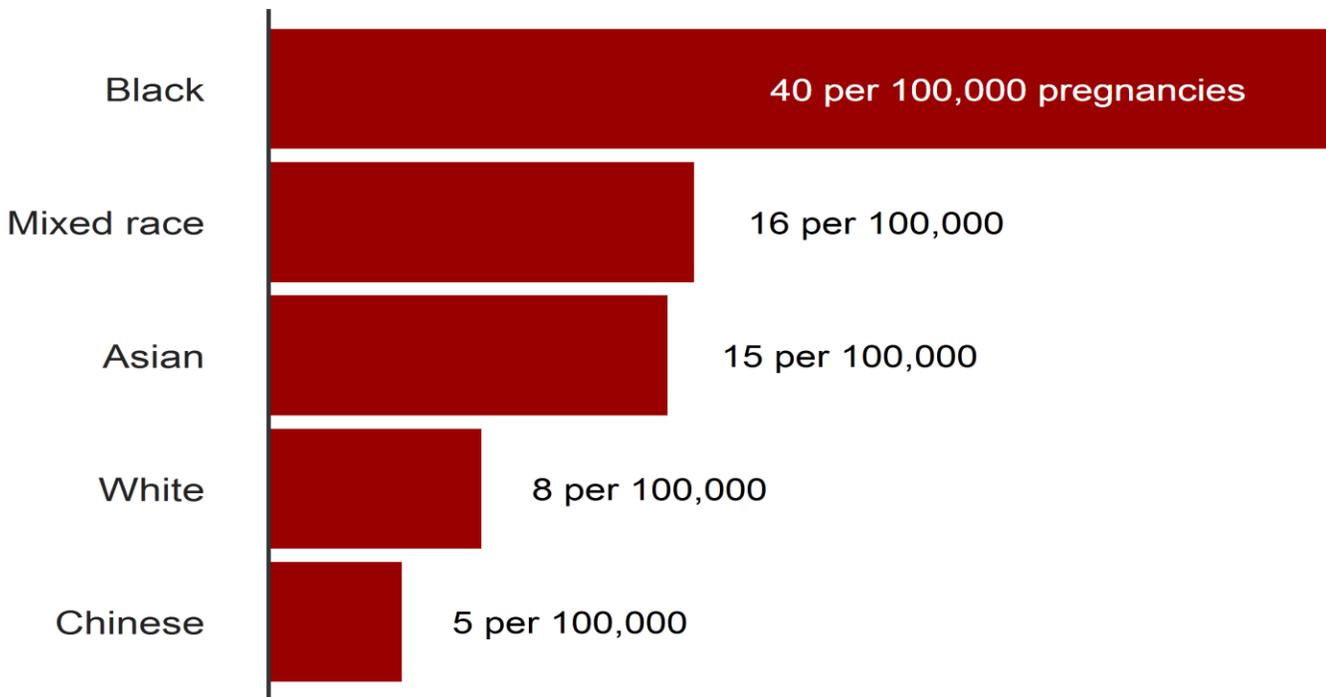
"I was told, 'you're over-thinking it, it's your first kid. [Later], I was told 'we're taking you into theatre or you won't be here tomorrow'," she said, after returning to hospital with septicaemia hours after being discharged.

"I was so exhausted all I could do was laugh and say, 'I told you I didn't feel great'.

"Health trusts need to admit there is racial bias. There needs to be better training so people can say 'am I responding to this person differently and why is that?'"

# Maternal death rates in the UK, 2014 to 2016

Race of women dying during or up to six weeks after pregnancy



Note: Researchers used England figures to calculate UK rates

Source: MBRRACE

BBC

The mum of two shared her story in a bid to open up the conversation around birth and race following the report and said that "every time I share my story other black women share their story with me".

In an Instagram post, she said the data confirmed what she and countless other black women had long thought - that their concerns and fears were often ignored.

"For so long, black women in the UK have had to lean on the statistics of the US to help validate their own stories of pregnancy and childbirth," [she wrote](#).

"Black women now have the data to sit alongside what we already knew."

## You might also be interested in:

- [Black mums 'don't like to talk about depression'](#)
- [IVF treatment: Your stories of pregnancy and parenthood](#)
- [Group of men form dads' version of Mumsnet](#)

Mars Lord, a [doula](#) who supports women through childbirth, said one of the problems is that conversations about racial bias in maternity care are "often shut down" by those who feel uncomfortable with the suggestion it exists.

"It's not enough to jump up and give your non-racist credentials, you need to be anti-racist," she says.

"We're going to have to have an uncomfortable conversation about race and the systemic racism in society."



Image copyright Getty Images Image caption The reasons behind the UK's higher black maternal death rate are being investigated by the NHS

Dr Clarke believes other factors are at play, including culture and the narrative of the "strong black woman", which prevent some from speaking up about their concerns during pregnancy and birth.

Mrs Brathwaite, who has founded a social media campaign called Make Motherhood Diverse to highlight stories from mothers from a range of different backgrounds, agrees.

She says her grandparents' generation keeps quiet about pain and trauma and this affects how some black women are treated - even by women of their own race.

"There's a belief that black women feel less pain," she says. "A lot of older black women have this belief that our backs don't break, so black midwives would tell me to calm down."

The reasons behind the UK's higher black maternal death rate are being investigated by the NHS.

A follow-up report will be led by the National Perinatal Epidemiology Unit, which said it hoped to "identify clear ways to reduce the disparity in mortality amongst black and Asian women".

NHS England said women would now see the same one or two midwives throughout their contact with health services.

"By 2024, 75% of women from black, Asian and minority ethnic (BAME) communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.

"This will help reduce pre-term births, hospital admissions, the need for intervention during labour, and women's experience of care."

The Royal College of Obstetricians and Gynaecologists is calling for a national strategy around women's health as a matter of urgency.

"We know inequalities make it difficult for women - particularly those from [BAME] backgrounds - to access health services," said its president, Prof Lesley Regan.

**"Every death is one too many and leaves devastated families without a mother.**

**"This is why we are calling for a national women's health strategy to ensure improvements are supporting women, regardless of where they were born or their background."**

# Why are black women at such high risk of dying from pregnancy complications?

By American Heart Association News



(JGI/Tom Grill, Getty Images) Published: February 20, 2019

Serena Williams and Beyoncé are at the top of their professions. Williams is one of the best tennis players, and arguably athletes, of all time. Beyoncé is a singer who sells out arenas within hours.

But last year, they shared similar stories: Each experienced life-threatening complications in their pregnancies.

In that one way, these two superstars are just like millions of other black women in the United States.

Black women are three to four times more likely to die from pregnancy-related causes than white women, according to the Centers for Disease Control and Prevention. It's partly why the overall rate of pregnancy-related deaths has climbed over the past two decades, making the maternal mortality rate in the United States the worst in any industrialized country, [according to a 2016 analysis](#) published in the journal *The Lancet*.

"It's basically a public health and human rights emergency because it's been estimated that a significant portion of these deaths could be prevented," said Dr. Ana Langer, director of the Women and Health Initiative at the Harvard T.H. Chan School of Public Health in Boston.

The reasons behind the racial disparities are many and complex, she said. Lack of access and poor quality of care are leading factors, particularly among women at lower socioeconomic levels.

But there's a bigger problem, Langer said. "Basically, black women are undervalued. They are not monitored as carefully as white women are. When they do present with symptoms, they are often dismissed."

That's what happened to Williams when she experienced a pulmonary embolism a day after giving birth to her daughter via cesarean section. Williams was gasping for breath and recognized that blood clots were blocking one or more of the arteries in her lungs.

"Because of my medical history with this problem, I live in fear of this situation," she wrote in an [essay about the issue last February](#). "So, when I fell short of breath, I didn't wait a second to alert the nurses."

But medical employees initially dismissed her concerns, wasting crucial time before her diagnosis and the treatment she specifically requested.

Williams' story illustrates the biggest problem facing black women, even when they are successful and affluent, said Dr. Allison Bryant Mantha, vice chair of quality, equity and safety in the obstetrics and gynecology department of Massachusetts General Hospital in Boston.

"Racism affects so many things before the patient even gets to the clinical encounter," she said. "Both implicit bias and structural racism affect how women are cared for in the health care system."

The cards are stacked against them once they enter that system, she said, pointing to the report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," published by a division of the National Academy of Sciences.

The report's researchers found that, among other factors, bias and stereotyping regarding people of color can impact the level of health care they receive.

That differential treatment can happen through direct care or from communication gaps in which crucial details about a patient's medical history fail to get passed along, Bryant Mantha said.

"All told, some African-American women are probably entering pregnancy less healthy than other women," she said.

Last summer, Beyoncé [revealed she had experienced toxemia](#), also known as preeclampsia, while she was pregnant with her twins. The condition left her entire body swollen and she was confined to bed rest for more than a month before she had an emergency C-section.

Heart disease and stroke are the leading causes of all maternal death. Women who experience pregnancy-related health problems – including preeclampsia – have a higher risk for developing heart disease following childbirth.

Dr. Emily Petersen, a medical officer in the CDC's reproductive health division, said the federal government is working with state-based health care networks to standardize care and look for situations when interventions could make the biggest difference.

There's also a push to increase education about bias.

"Some hospitals and health care systems have implemented training on implicit or unconscious bias," Petersen said, "to think about how people's backgrounds and unconsciousness may be affecting their care."

Langer said publicizing cases such as Williams' or those profiled in investigative stories in recent years by NPR and ProPublica also help tackle the problem.

"It's important to illustrate what's happening and make the public aware because it can encourage the health establishment to take on this crisis much more seriously," she said.

In the end, said Bryant Mantha, the blame – and the solution – belong to everyone.

"It feels like an (obstetrician) problem, but really, maternal mortality is a broader societal problem," she said. "If everyone pays a little more attention to their piece of the pie, hopefully we can start to move the needle."

*If you have questions or comments about this story, please email [editor@heart.org](mailto:editor@heart.org).*

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### ***American Heart Association News Stories***

*American Heart Association News covers heart disease, stroke and related health issues. Not all views expressed in American Heart Association News stories reflect the official position of the American Heart Association.*

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## Why are so many black women still dying in childbirth?

As the RCOG launches a taskforce to look at racism in maternity care, sexual and reproductive health registrar, Dr [Annabel Sowemimo](#), asks why black British women are five times more likely to die in pregnancy or childbirth



- [@SoSowemimo](#)
- Friday 17 July 2020 17:25
- [107 comments](#)
- 



In 2018, [Serena Williams](#) gave birth to her first child via caesarean section. The day after the birth, the world-number-one tennis player became breathless and told doctors she believed she had developed a pulmonary embolism (a blood clot on her lungs), which she has a history of. She later described [how she had to plead with her medical team](#) for a CT scan, which showed she was correct. The blood clots could have been fatal if not treated.

Nine months later, [Beyoncé](#) opened up about her experience of pre-eclampsia when she was pregnant with her twins, Rumi and Sir. Her babies were delivered via emergency c-section, and had to stay in intensive care for weeks. Despite being two of the most successful women in the world, their stories resonate with black mothers everywhere.

Rachael Buabeng, founder of [Mummy's Day Out](#), a community for black women to network and share experiences, had a pregnancy plagued by hyperemesis gravidarum (nausea and vomiting which can lead to reduced fetal growth) and a difficult childbirth. She describes how her husband had to advocate for her when she was not offered alternative pain relief after declining an epidural; she went on to deliver her baby without the midwife in the room.

## Read more



### [Boris Johnson says the UK isn't racist. Black Britons disagree](#)

“The midwife said the baby wouldn’t come for another nine hours. So she left the room and the baby came, with the midwife nowhere to be seen,” she tells *The Independent*. “Luckily, my husband screamed and people came to help but they were asking my name as my baby was coming. They hadn’t met me before. I didn’t really realise how bad it was until after.”

In November 2019, a [report into maternal morbidity in the UK](#) from researchers at Oxford University, found black women are five times more likely to die in pregnancy, childbirth or in the postpartum period, compared to their white counterparts. Asian women were also twice as likely to die compared to white women. This data was up from previous years, which still staggeringly showed black women were three times more likely to die than white women.

In the United States there are similar racial disparities in its maternal deaths with [black and indigenous Americans being two to three times](#) as likely to die of pregnancy related causes. The data confirms what black women have known for decades; pregnancy is at best challenging and at worst may be fatal.

The 2019 statistics were so appalling that they could no longer be ignored; BBC *Woman’s Hour* featured a special episode on the issue and a [parliamentary petition](#) was launched in March 2020, in the hope that there would be greater government support in tackling the root causes.

Despite the petition reaching 180,000 signatures, it is still awaiting debate, and the deaths of black mothers continue. Pregnant nurse [Mary Agyeiwaa Agyapong](#) died on 12 April shortly after delivering her baby son. The coroner ruled that the 28-year-old nurse died as a result of Covid-19, and giving birth.

Medical professionals have long assumed the death rate can be explained by pre-existing conditions amongst black women such as high blood pressure, or the higher prevalence of complications such as pre-eclampsia. Rather, [research](#) from the US points to a more complex picture. The likeliness of an adverse outcome for someone like myself – a black, healthy, middle-class professional – increases, rather than decreases. So what is really happening?

For years black motherhood has been presented in an unfavourable light, both in popular culture and academic circles. [Studies](#) have shown the media uses “concern for children as a rhetorical tool to define poor and minority women as bad mothers,” and statistics show black children are [overrepresented in the care system](#), making up 16 per cent of all looked-after children and young people. This is despite society being built on the care services of black women; [20 per cent of black African women work in the health and social care sector](#) often in lower paid jobs [that require longer shift patterns](#).

US academic, Dorothy Roberts in her book *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* describes how stereotypes of black motherhood persist, from “welfare queens”, who are presented as “immoral, neglectful, and domineering” to “hypersexual” women that are accused of “overbreeding”. In the UK, the media has routinely linked [households with single black mothers](#) to increasing youth violence and London’s knife crime epidemic; with little regard for the other structural factors at play.

Black women are categorised according to a white perspective; they are not believed, this notion of them having a higher threshold for pain...”

In March, the Royal College of Obstetrics and Gynaecology (RCOG) hosted an event entitled [‘We need to talk about race’](#) for International Women’s Day, following an [article of the same name written](#) by obstetrician Dr Christine Ekechi. The RCOG event was well attended, yet there was a noticeable absence of white healthcare professionals.

At the event, Dr Ekechi shared her own powerful experiences of navigating the health system as a black woman whilst sharing those of other women who had felt “dismissed” by healthcare professionals or reduced to “complainers”. A phenomenon also written about by [Candice Braithwaite](#), author of bestseller, *I am Not Your Baby Mother*.

Janet Fyle, a senior midwife and professional policy advisory, is adamant that underlying prejudice among midwives is a crucial factor in the deaths of black mothers: “Black women are categorised according to a white perspective; they are not believed, this notion of them having a higher threshold for pain and these biases mean that we miss serious conditions or the opportunity to escalate serious changes in the woman’s condition in a timely way.”

Fyle says this goes back as far as when people are studying medicine. “They practice as students on white women and with no opportunity to understand differences,” she says. “People are getting things wrong because they are not culturally competent, for example, doctors, nurses and midwives have the standard patient profile in their heads as being a woman who is blonde, blue eyes and size 12. It’s everything about the concept of medicine.”

## Read more



• [‘Death by a thousand cuts’: How microaggressions fuel racism](#)

The problem isn't exclusive to women's experience of childbirth either: the RCOG has [highlighted racial disparities](#) within gynaecology services, including the late diagnosis of gynecological cancers and lower uptake of cervical screening amongst black women.

In the age of social media, younger midwives are seizing the opportunity to educate their peers on the gap that exists in the midwifery curriculum. Georgia and Sheridan, both 26, are both registered independent midwives who co-founded the [My Midwife Initiative](#) which encourages reflective practice amongst midwives and challenges their own prejudice.

Georgia is passionate that a new approach to midwifery is required: "We feel it is important as a new midwife to acknowledge, and have an awareness, that racial inequalities in healthcare exist and we all have the responsibility to examine our own personal practice and our beliefs to tackle the disparities; the evidence shows black and brown women face when they access maternity care." They self-fund and deliver this intervention to universities in their own time.

Rather than wait for an improvement black women have also started to set up their own safe spaces to discuss black motherhood including Buabeng's [Mummy's Day Out](#); she continues to advocate for greater cultural competence amongst the medical workforce; she continues to hear poor birth stories from others on a regular basis.

Believe women when they say that they are concerned about something and don't brush it off..."

On 15 July the [RCOG launched](#) a race equality taskforce to better understand how to tackle racial disparities amongst patients as well as understand the effects on racism on staff working within the sector. The taskforce plans to collaborate with groups across healthcare, government and individuals to ensure new ways are developed to tackle racism and racial disparity.

Dr Ekechi, co-chair and the RCOG's spokesperson on racial equality says: "[It] sends a clear and brave message to our members and the women that we serve, of our strong commitment to equality in outcomes for all obstetricians and gynaecologists in the UK and for the health of each and every woman." Ekechi says she is "confident" it will "ultimately save lives".

Whilst these changes suggest that those in authority are finally hearing black women's voices, the frustration from mothers remains. Buabeng says: "**What maternity services need is very, very straightforward. Treat every woman as an individual. Believe women when they say that they will feel pain, believe women when they say that something is not right. Believe women when they say that they are concerned about something and don't brush it off.**"

# 5 Warning Signs of Ovarian Cancer Every Woman Should Know

## Early detection is key to survival, but the disease is often misdiagnosed

by Michelle Crouch, [AARP](#), June 23, 2022

Early Signs of Ovarian Cancer

### Early Signs of Ovarian Cancer

[En español](#)

If you experience bloating, have pain or [discomfort in your belly](#) or feel full after eating a small amount, you may assume you have heartburn, gas or another digestive problem.

That may indeed be the case. But if you're a woman over 55, you should check in with your gynecologist, because those symptoms can also be warning signs of ovarian cancer, says Eli Serur, a gynecologic oncologist and chair of obstetrics and gynecology at Staten Island University Hospital in New York.



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Studies show that ovarian cancer is often [misdiagnosed as another condition](#), at least initially.

“I can’t tell you how many times there are delays,” Serur says. “A patient goes to their internist, and they give you a proton pump inhibitor or antacid for indigestion. You can lose valuable time in terms of coming up with an ovarian cancer diagnosis.”

Ovarian cancer is rare, but it ranks fifth in cancer deaths among women, accounting for more deaths than any other cancer of the female reproductive system. The risk of a woman’s getting ovarian cancer is about 1 in 78 in her lifetime.

It affects women of all ages, but it's most common after [menopause](#). **More than two-thirds of those diagnosed are 55 or older.**

## **Risk Factors for Ovarian Cancer**

- Age
- Women who never had children
- Family history of breast or ovarian cancer
- Inherited genetic mutations of the BRCA1 or BRCA2 gene
- Endometriosis
- Early menstruation or late menopause
- Giving birth after age 35 or never having a full-term pregnancy
- Obesity

You're at higher risk if you have a family history of ovarian or breast cancer, if you have inherited mutations in the [BRCA1 or BRCA2 gene](#), if you have endometriosis or if you're obese. Early menstruation (before age 12) and late menopause also bump up risk.

## **Symptoms may be subtle**

Ovarian cancer has sometimes been called the silent killer, because it's often not detected until it's too late to be cured. Plus, there's no good screening test for it, like a mammogram for breast cancer or a colonoscopy for [colorectal cancer](#). About 70 percent of women diagnosed with ovarian cancer already have advanced-stage disease.

Despite its nickname, ovarian cancer does have some early warning signs, research indicates. One [study](#) of 1,725 women with ovarian cancer found that 95 percent had noticeable symptoms three to 12 months before diagnosis.

Part of the difficulty is that the symptoms tend to be subtle, common and unspecific — meaning they can indicate a variety of disorders, explains Jason Konner, a gynecologic medical oncologist at Memorial Sloan Kettering Cancer Center.

“My advice to a woman experiencing these symptoms,” Konner says: “Listen to your body, and trust your instinct about what you're feeling. If you believe something is wrong, persist in advocating for yourself.”

Here are some symptoms that can indicate ovarian cancer.

### **1. Bloating**

Although bloating is a symptom of many conditions, it's one of the most common signs of ovarian cancer, caused by a buildup of fluid in your belly. In [one study](#), 72 percent of ovarian cancer patients said they experienced bloating.

“It's a feeling of fullness or that you're not able to pass gas, but you feel like you have to,” explains Laura Fortner, a board-certified obstetrician-gynecologist near Columbus, Ohio.

### **2. Abdominal or pelvic discomfort**

Another symptom is pressure or pain in your abdomen or pelvis. The discomfort can be caused by fluid accumulating in the abdomen or pelvis, or by tumors that have spread to those areas. Some women describe it as feeling like period cramps, Konner says. Others experience back pain or a pain in their side.

### **3. Difficulty eating, or feeling full quickly**

If your appetite changes or you feel unusually full after eating only a small amount, that's another red flag. You may find that you can consume just a small meal, even if you're hungry before you start eating. "The way patients describe it is, 'I don't have much of an appetite. I take two bites and can't eat anymore,'" Serur says.

#### 4. Change in your bathroom habits

Ovarian cancer can put pressure on your bladder or irritate it, causing you to have to pee more often. In [one study](#), about 34 percent of women with ovarian cancer reported increased [urination frequency](#), urgency or pain while urinating. As the disease progresses, it can also cause constipation and other changes in your bowel habits.

#### 5. Abdominal swelling

A buildup of fluid in your abdomen from ovarian cancer can cause your waistline to expand, making it more difficult to button or zip your pants. "I had a patient come to me and tell me, 'Doc, I'm developing a beer belly,'" Konner recalls. When researchers at the University of Washington compared patients with and without ovarian cancer who visited a primary care clinic, they found that the cancer patients were [7.4 times more likely](#) to report increased abdominal size.

#### What to know if you have symptoms

If you develop any of the above symptoms, it's important to remember that they can also signal other conditions and that ovarian cancer is rare. One study published in the journal *Cancer* found that women with ovarian cancer typically experience symptoms at least 12 times per month.

If ovarian cancer is suspected, your doctor will probably do a pelvic exam and order an ultrasound or another imaging test to look for signs of disease. In addition, your physician may test your blood for a tumor marker called CA-125. (High levels of CA-125 can also be caused by conditions such as endometriosis and pelvic inflammatory disease.)

Fortunately, the death rate from this type of cancer has been dropping in recent years. Surgery and chemotherapy, the most common treatments for ovarian cancer, can be effective even if the disease has spread, Konner says. "For ovarian cancer, you can have stage 3 and it's potentially curable," he says. "You can do surgical debulking and chemotherapy and potentially eradicate it."

*Michelle Crouch is a contributing writer who has covered health and personal finance for some of the nation's top consumer publications. Her work has appeared in Reader's Digest, Real Simple, Prevention, The Washington Post and The New York Times.*

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- [5 things to know about IBS](#)
- [What does your urine say about your health?](#)

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1.

M 17 days ago  
pinned

Part of the difficulty with ovarian cancer is that the symptoms tend to be subtle, common and unspecific. How would you recommend women advocate for themselves with a doctor that may initially be dismissive?

53 min ago

Peritoneal cancer mimics ovarian in regards to symptoms. Both my mother and a dear friend died from this. Unfortunately, it is typically a secondary cancer that had metastasized from the primary, which may never be determined, so it's more difficult to treat. My mother was 26 years ago and only had one remission. My friend was about 15 years later, and while treatments had improved, it still brought her down in the end. The best thing to do is to see your doctor if you have any unusual symptoms, and be persistent.

•

38 min ago

Exactly the case with my late wife. Turned out to be Peritoneal Mesothelioma.

Thank you for this article, I am definitely passing to others!!!!

• • 9 hrs ago

Do women with ovarian cancer experience bleedng?

•

8 hrs ago

I am 80 years old went to my Primary care Doctor as I had been bleeding a bit from my vagina she ignored it did not even write it up in her notes. Two months later I was bleeding heavily demanded for her to get me an appointment asap with a GYN doctor. Got it two days later, he took tests and samples. The news: I had Stage 3 High Grade endometrial serous Carcinoma. Surgery followed total hysterectomy and found a large tumor in the process. Never was told I should see a GYN regularly after menopause, not I tell everyone I know to do so. I spent 6 months every Friday for 5 hours having chemotherapy, then radiation. Now waiting for results of a ct w/contrast to see if it is all gone or not. We on the most part have to advocate for ourselves and not take no for an answer.s Hope this helps you.

• • 8 hrs ago

I had ovarian cancer 20 years ago. My initial symptoms were spotting and cramps like I had all my life. After about 9 days I called my gynecologist's office. The doctor wanted to see me the next day. Within 3 weeks I was in surgery. The tumor grew so fast, the surgeon told me it was ready to burst. I was very lucky that everyone involved in my case acted very quickly, God at work. Otherwise, I would not be alive. I recommend that any woman experiencing stomach problems see her gynecologist and rule out ovarian cancer. Any articles I read on ovarian cancer never list my symptom as a symptom for ovarian cancer.

My mother died of ovarian cancer. I would like to get a CA 125 blood test and transvaginal ultrasound as a baseline and every 3 yrs or so. Does Medicare and/or Medigap pay for this? How can I find out? I am 66 yrs old. I would think this is a reasonable proactive approach to help identify this cancer in its early stages. Thank you.

• 7 hrs ago

Too many doctors, even women doctors, simply don't listen to female patients. I think they must be taught that most of us are hysterics, that we bring on physical symptoms by not being strong enough to handle life's normal stresses, that every complaint we have is imagined and a ploy to get attention.

I went 5 years, trying to get a diagnosis to account for heavy periods that had my GP prescribing iron pills, because I was anemic. I was either constipated or had diarrhea, which was diagnosed as IBS. I had horrible back pain all the time, I was told to stretch. After a friend who was my age, 30, died after a 6 year battle with uterine cancer, I found a new doctor who told me I was loaded with fibroids, and little wonder I was anemic and in pain. I had a uterine artery embolization performed, which worked right away. But what if I'd gone 5 years with cancer growing inside me?

My friend who died of uterine cancer had been running to her gynecologist every month. He'd examine her, say she must have some kind of infection, hand her a script for an antibiotic or anti yeast medication, but only when she was in debilitating pain, did she get a second opinion.

That doctor found a mass inside her on exam. By the time she got dressed, she had her scheduled for surgery at a local cancer hospital.

She had a total hysterectomy at 24, and also some other things were removed in that same surgery. She went in the hospital weighing 160, and came out, weighing 124. Between surgery, chemo and radiation, she lost so much weight. When she died, she had one half of one lung left, radiation had destroyed her bladder, she had one kidney, no spleen, half a liver.

That first doctor should have lost his license. Advocate for yourselves.

- • 2 hrs ago

No words for this reply, we as women got to share share share, thank you!!!!

## Products Claiming to "Cure" Cancer Are a Cruel Deception



Miracle cure! Truly amazing! Works in minutes! Guaranteed! These are just a few of the false claims made by fraudulent health care products that should serve as red flags for consumers. See below for more red flags.

[Learn more about the history of cancer fraud below.](#)

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Beware of products claiming to cure cancer on websites or social media platforms, such as Facebook and Instagram. According to Nicole Kornspan, M.P.H., a consumer safety officer at the U.S. Food and Drug Administration (FDA), they're rampant these days.

“Anyone who suffers from cancer, or knows someone who does, understands the fear and desperation that can set in,” says Kornspan. “There can be a great temptation to jump at anything that appears to offer a chance for a cure.”

Legitimate medical products such as drugs and devices intended to treat cancer must gain FDA approval or clearance before they are marketed and sold. The agency's review process helps ensure that these products are safe and effective for their intended uses.

Nevertheless, it's always possible to find someone or some company hawking bogus cancer “treatments,” which come in many forms, including pills, capsules, powders, creams, teas, oils, and treatment kits. Frequently advertised as “natural” treatments and often falsely labeled as dietary supplements, such products may appear harmless, but may cause harm by delaying or interfering with proven, beneficial treatments. Absent FDA approval or clearance for safety, they could also contain dangerous ingredients.

That holds true for treatments intended for humans and those intended for pets. “Increasingly, bogus remedies claiming to cure cancer in cats and dogs are showing up online,” Kornspan says. “People who cannot afford to spend large sums at the animal hospital to treat cancer in their beloved dogs and cats are searching for less expensive remedies.”

The FDA urges consumers to steer clear of these potentially unsafe and unproven products and to always discuss cancer treatment options with their licensed health care provider.

## FDA Takes Action

As warranted, [FDA sends warning letters to companies](#), advising them to change or remove fraudulent claims from their websites. If the companies don't comply, the FDA may take further legal action to prevent their products from reaching consumers.

## Red Flags

While some fraudulent products claim to cure a variety of diseases and conditions, fraudulent cancer products often use a particular vocabulary, Kornspan says. Consumers should recognize certain phrases as red flags, including:

- Treats all forms of cancer
- Miraculously kills cancer cells and tumors
- Shrinks malignant tumors
- Selectively kills cancer cells
- More effective than chemotherapy
- Attacks cancer cells, leaving healthy cells intact
- Cures cancer

Moreover, whether products claim to cure cancer or another disease, there are [a number of catch phrases](#) that can tip you off that they're bogus.

“There are legal ways for patients to access investigational drugs, for example taking part in [clinical trials](#),” says Kornspan. Patients looking to try an experimental cancer treatment should talk to their doctor about treatment options. For more information, visit the [National Cancer Institute Clinical Trials website](#).

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## Cancer Fraud: Nothing New



Harry M. Hoxsey had no medical training yet made millions hawking quack cancer “cures” to desperate patients for more than three decades, until FDA was able to help remove the products from the market in the 1950s. Hoxsey’s herb extract cancer treatment had no scientific basis, and while the legal case against Hoxsey unfolded, to help warn consumers, in 1957 FDA issued this poster and placed it in post offices around the country. Learn more about Hoxsey's fraudulent cancer treatment and get these high-resolution photos on [FDA's Flickr photostream](#)[External Link](#) [Disclaimer](#).

## The modern tragedy of fake cancer cures



By [Matthew Herper](#) Feb. 1, 2019



Adobe

So it happened again. An underreported story about a half-baked advance in cancer medicine caught fire and scorched its way through social media, onto network TV, and into the minds of millions of people.

To start, no. There won't be "a complete cure for cancer" in a year's time, as the chairman of a small Israeli biotechnology firm [predicted to the Jerusalem Post](#). The claim, absurd on its face, was particularly frustrating to those who work in medicine and drug development because it seemed so obvious there was not enough evidence to make it.

It doesn't take a lot of complicated biology to understand why. You simply need the information contained in the Jerusalem Post's article: that the data available so far are from a single study in mice and that they have not been published in a scientific journal.

advertisement

Saying that most experiments in mice don't translate to human beings doesn't quite get the point across. It's more correct to say that almost none of them do.

[According to the Biotechnology Industry Organization](#), the odds of a medicine being tested in human beings proving safe and effective enough for widespread use are just 1 in 10. Another [analysis by MIT economists](#) gives slightly better

odds, of 1 in 7. But both groups agree that the chances of success for cancer drugs are far worse than the norm: 1 in 20, according to BIO, and 1 in 30 according to the otherwise more optimistic MIT group.

Stated another way, up to 97 percent of cancer drugs fail. What's more, the Israeli company, Accelerated Evolution Biotechnologies Ltd. (AEBi), is at an earlier stage in the development of its drug, a point at which its odds are still lower. The Jerusalem Post article says that the company has finished its first experiment in mice, but that it hopes to begin clinical trials that could be completed in a few years.

Another useful number on experience and speed: [Loxo Oncology](#), which is being purchased by Eli Lilly for \$8 billion, got its first medicine from mouse studies to approval quickly. Quickly, in this case, is five years.

If you have this background, the original quotes in the Jerusalem Post article sound like an entrepreneur trying to get attention for a technology he believes in. The Jerusalem Post quotes Dan Aridor, the chairman of AEBi, as saying: "Our cancer cure will be effective from day one, will last a duration of a few weeks and will have no or minimal side-effects at a much lower cost than most other treatments on the market. Our solution will be both generic and personal." Plenty of entrepreneurs hope that. But reality is very, very hard. In another interview with The Times of Israel, the company's chief executive gave [somewhat less enthusiastic quotes](#).

That shouldn't mask the fantastic progress being made with cancer drugs. A simple example: [Jimmy Carter](#), the humanitarian and former U.S. president, is alive thanks in large part to a drug called [Keytruda](#), made by Merck, that primes the immune system to attack tumors.

But part of the problem is that even in cases like Carter's, this amazing progress comes with complications. Not everyone has such an amazing response to these cutting-edge treatments. In first-line melanoma, a quarter of patients who get the drug will still die within a year. But in such a hard-to-treat disease, that's a great result.

Life is complicated, and so are cancer treatments. Cancer is older than human beings. Scientists have found dinosaurs with metastatic tumors. It's simply not likely we're going to outsmart all cancers with a single treatment, without drawbacks.

That's the seductive message that sold here, though. It's what [Glenn Beck tweeted](#): "A TOTAL cure for cancer. Cheap, quick, no side effects." It's what led the Drudge Report to link to the story, saying: "[Israeli Scientists Think They Found Cancer Cure...](#)" It's what led to coverage on myriad other news sources, including local news.

Jonathan Swift noted that a lie can traverse the world while the truth limps behind it 300 years ago. In the age of social media, the problem seems as though it has gotten worse: think the rise of [Theranos](#), or believing that Jack Andraka's high school science fair project was a breakthrough. In medicine, this kind of virality means false hopes, dashed dreams, and a whole lot of hype. We are desperate for a solution.





P.O. Box 7267, Ann Arbor, Michigan 48107 734 786 3233 <https://touchedbythelight.us>

“ Never believe that a few caring people can’t change the world. For, indeed, that’s all who ever have.”

Margaret Mead, 1901 – 1978

To Our Listening and Reading Audience:

My name is Gloria G. Lee. I would to share some important with you information so you can better understand our organization.

The Women and Children’s Ministries is a reading ministry founded on the principle that if one reads one can manage his or her life successfully. The benefit of reading is enlightenment. Reading brings about self-awareness and reading teaches one to problem solve, even if the problem is managing one’s emotions. We advocate that people read all of their lives. We believe reading opens the doors to possibilities and shows a person how to tap in to his or her imagination as others have done before them.

Reading is also the way out of poverty and ignorance. Poor children are overwhelmed at birth, especially black male children. Since the dissolution of the Black family, 85% of Black children are being raised by women who are poorly trained and ill-suited to be parents. You are ill suited to be a parent if you refuse to take the time to teach your child to read. You are ill suited to be a parent when you stick your child in front of the television or video game so he or she will be out of your hair. You are ill suited to be a parent if you refuse to read or take the time to learn to read. You are ill suited to be a parent if you refuse to change and adopt a better lifestyle. You are ill suited to be a parent if you refuse to grow up and assume responsibility for your behavior. You are ill suited to be a parent when you continue to bring nonrelated males into your home straight from the bar just because the man winked at you. You are ill suited to be a parent if you teach your daughter that all she has to do to make it in life is to push her buttocks and breast out to attract a man. And you are surely ill suited to be a parent when all you think about is walking around, allowing your derriere to flop in the wind thinking your buttocks are going to attract some man.

Our children are surrounded by people living by tradition instead of creativity and hope. Black children are not supported at home to read. Black children are not being taught the value of reading. There are black homes where there is not one book in the house. The children do not even receive books for presents. Black children are not being getting a chance to stand up and bat because they are being defeated in the crib.

Black Americans are not advancing because we do not read. If you can’t eat it, wear it, or drink it, many blacks are not interested. How many books stores are in your neighborhood? How many books have you read this year? How many conversations do you have with people about a book you read? There is a saying that has been repeated through generations, **“If you want to hide something from a Black man put it in a book.”** This saying is disgusting. Lack of knowledge is why we are duped in business, why Black women lack self-esteem and easily participate in sexual sin and why Black men end up in prison after committing a crime they thought would be easy.

We cannot read an insurance policy, or a purchase agreement. Our young men cannot receive training because they cannot read. They cannot take the exam for a driver’s license because they cannot read. And what do we do? Nothing! Oh we talk. Talking is easy it makes us look intelligent. The telling point is there is no action following the talking. The lack of self-knowledge is why women sell their bodies, why we think

having a big butt makes us attractive and why once we get a clip board and an ink pen, we think we are better than the next Black woman.

Reading will stop you from acting a fool on your job. Reading will make you think twice about screwing your best girlfriend's husband. Reading will not only teach you about jealousy, envy, and greed it will teach you the consequences of these emotions.

It is incumbent on us all to do something about this problem lest we face one of these uneducated men breaking into our homes because surely violence is associated with the lack of an education. Once a child is born, every decision made by the mother affects the child including the toothpaste you purchase at the store. Stand up! Let God See You Working To Change!

The Women's and Children Ministries has developed the Women of Courage Show to tackle illiteracy and violence. Our primary goal is to end violence against woman and children. To accomplish this goal our organizations will conduct seminars and workshops to alert women to the dangers in their community and the problems of illiteracy. We will also broadcast two weekly shows at the WHPR studios Fridays from 3 to 4pm and Saturdays from 8 to 9 am on the station 88.1FM. We will work to:

- bring together women and men who are active in women's issues
- educate and inform the public about the need to create, produce, distribute books relevant to women, men and the family.
- respond to requests for information about women issues and to generate and support projects that help to disseminate such information
- serve as a catalyst for all women in the country who wish to work together, to solve the problem of violence against women and children.
- Posting news articles on their website. (<https://nisv.info>)
- promotes reading and supports the role of women in the community and
- to act as a catalyst to end violence against women and children.

### **Mission Statement**

We pledge to the women of the United States and the women of the world to act in their behalf to prevent violence against women and to assist women recovering from violent situations. We will accomplish this goal by publishing information, informing the male population on women's issues, and counseling and aiding women in finding or developing employment without governmental assistance. Our purpose is to engage in business activities to provide a viable livelihood for women. The task of assisting women is too large and too varied to be affected by government intervention. We must look to ourselves for help. The problem of violence in a woman's life has to be attacked directly by women in the community at large with all community components acting together. We believe marriage is the cornerstone of any civilization and the woman is the nucleus of the family. It is their presence that holds the family together. Disintegration occurs when the woman is absent from the home. Maintaining the integrity of the family as a unit is the complimentary goal of our organization. We are a non-political organization. All we ask is that our members be registered to vote so their opinions will be voiced through the electoral process. We affirm the rights of all people to live in a peaceful environment therefore we are opposed to racism, sexism, homophobia, arranged marriages, mutilation and any force that attacks a person's well-being or prevents a person from directing his or her own destiny. We will act to support the women of the world in controlling their lives regardless of race, religion, creed, ethnic origin, or social status. Our main focus will always be the prevention of violence in the lives of women.

**The Institute has developed five goals to tackle violence in the country, these goals are:**

**To get men to consider changing their lives** by changing the way they think and to live their lives with standards and integrity and to consider the benefits of marriage.

**To stop the number of women** between the ages of 40 - 50 from being the fastest growing number of new Aids victims in the country: Loneliness and lack of companionship is causing this phenomenon.

**To reduce the number of children born in one-parent families** by decreasing fornication and increasing the number of marriages in the country: The more marriages we have the fewer children will be in foster care. Many children in our foster care system and fatherless homes become inmates in our prisons because they do not have a male present in the home functioning as a father. The absence of true fathers in the home has devastated our nation. Fathers are the stabilizing element of a family when in turmoil. A father is the solidifying force that children go to for resolution or resolve.

**To reduce the number of people committing adultery:** Adultery destabilizes the family and brings violence into the home.

**To stop non-related males from living in home with children:** Many of these males are transients with no goals or purpose to their lives and some are drug users that end up violating children in their beds. Children are being stabbed, bitten, raped, kicked, scalded, strangled and murdered in their homes. This has to stop. These men do not belong in a home with children. They have lived in violent situations and they bring violence into the home. They have no patience or training to be caregivers.

Preventing violence is the Institute's Number One Priority. The Institute says the only way their priority can be accomplished is to lead for social changes.

**Our premise** is anyone can be a victim and unless you want tragedy to visit you then you must stand up and make an accounting of your life. You must stand for righteousness and accountability. You must stand for integrity and honor. You must stand for yourself, and your fellow man and you must stand for right and not wrong. As citizens of this country, we have an obligation to one another and that obligation extends beyond the grave. So, by our actions we must speak for the victims by changing.

We seek to make violence relevant to every man and woman in this country. We want women to be alert at all times to the dangers around them. Women do not have to be victims. Just being alert can save a life. The most important facet about violence that we all need to understand is that violence can be prevented if when we work to change the way a person thinks. More of the mission of the Institute is discuss in the article The Body of a Woman Was Found – [www.nisv.info](http://www.nisv.info) Our email address is [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com) – We do accept invitations to speak Our radio program, is archived on our youtube channel Touched By The Light Publishing [https://www.youtube.com/channel/UCt4CoPCb61T8NManMAKcCg/videos?view=0&sort=dd&shelf\\_id=1&disable\\_polymer=true](https://www.youtube.com/channel/UCt4CoPCb61T8NManMAKcCg/videos?view=0&sort=dd&shelf_id=1&disable_polymer=true) .

The Women of Courage Show is more than just a radio show. The Women and Children Restoration Ministries is a company dedicated to bringing light into the lives of people through reading. We believe if we minister to the world through books in some way, we will relieve the suffering of others. The Women and Children Restoration Ministries is dedicated to publishing books that lift the human spirit and inspire people to greatness. Our books cover a wide range of subjects with respect to our health, marriage, self-improvement, personal relationships, religion and change. It is important that we renew our minds by reading how other individuals have changed their lives. It is important that we never stop reading, studying and meditating on new ideas. It is also important that we continue to encourage ourselves and others and be prepared to meet life with enthusiasm and hope. The Women and Children Restoration Ministries created six programs to help the community and to restore lives. The programs are grounded in the conviction that a partnership between TBTL and the community can be mutually beneficial. Our **email** [Yithril1@netzero.net](mailto:Yithril1@netzero.net) or [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com)

## **Our programs:**

Breast Cancer  
Preventing Violence Against Women and Children  
Teach Someone To Read  
Teaching Emotional Intelligence  
The Wall Project - Prison Ministry  
Helping Small Businesses

**Breast Cancer:** Our Objective is to have breast cancer discussed more than once a year. An annual walk is great but an active discussion throughout the year encouraging women to get mammograms is much better. Raise awareness of breast cancer in woman and the effects of breast cancer on the Black family. We developed the Touched By The Light Foundation to accumulate and distribute information regarding breast cancer important to the Black Woman. We actively distribute the booklet The Black Woman and Breast Cancer. Our desire is to raise awareness of cancer in black woman and how it affects the family and children in foster care.

**Preventing Violence Against Women:** Our Objective is to reduce the incidences of violence experienced by women and children in the community. We designed a website to provide information to women and men regarding all forms of violence against women. We introduced eight books discussing violence. We also maintain the blog murdered voices at <http://www.murderedvoices.blogspot.com/>

**Teach Someone To Read:** Our Objective is to reduce the number of Black men entering prison. Raise the level of awareness in the community of the importance of reading. Get a person to make it a goal to teach one person to read. Reading Campaign introduced in back of all our books. We support Prosperity Village in its mission to teach disadvantaged children to read.

**Emotional Intelligence:** Our objective is to help people manage their emotions. We wrote 5 books to help raise the emotional intelligence of my reader. The books are Know Your Enemy, Be not defeated in Hard Times; The Devil's Whisper; A Christian is Never Desperate and Trial of The Mind. We also conduct a radio show where thinking, developing mental acuity and problem solving is discussed.

**Prison Ministry:** Our Objective is to reduce the number of black men entering prison and to reduce the number of black men returning to prison. We seek to teach inmates to read, manage their emotions and to problem solve thereby preventing violence in the community.

**Helping Small Businesses:** Our Objective is to support the development and growth of small businesses in the community. We designed our website to allow businesses to advertise their services for free on our site. Many small businesses cannot afford to build a website or pay \$45.00 per month for a prefab site to advertise their services. **We can be reached at 734 786 3233. Join Us**

# Join the Women of Courage Show and Purchase a Book for a Prisoner

The Wall Project -Purchase A Book For A Prisoner - WHPR 88.1

The purpose of Touched By The Light Publishing is not only to sell books but to change lives and to relieve the suffering of others through participating or supporting community project throughout the country. Touched By the Light Publishing started a prison program in Michigan in 2004 called **The Wall Project**. The project was administered by the Women and Children Restoration Ministries. They saw the program as a means to repair families. The project provides books for prisoners to read. In reading the books men will learn not what to think but how to think. We now want to expand this program. The purpose of this program is to try and rehabilitate the prisoners before they are paroled. We want to change the way they think. We are sick and tired of men spending their entire life in prison leaving children without fathers. The reason why many men end up in prison is because they cannot read. They are illiterate. They have not been educated. Because of their illiteracy they cannot find jobs or express themselves without violence. These men are emotion driven. They turn to crime to make a living and they turn to drugs to bolster their self-esteem. If the men in prison are not rehabilitated while in prison, when they are paroled, they will repeat the same behavior. Men and women will be killed on the street. Homes will be broken into and elderly women will be murdered in their beds.

The Women of Courage Show believes the number of men in prison in this country who are living away from their families is a problem that must be solved by the community. Our participation in **The Wall Project** is a reflection of TBLP's and the Women and Children Restoration Ministries. ongoing support and commitment to the wellbeing of women and children. We are thrilled to be working with the community as a partner in our efforts to end violence everywhere." Everyone needs to become involved in teaching these men to read and how to problem solve without resulting to violence. Most of the prison inmates in our nation's prison consist of men who are poorly educated and who cannot read. Touched By the Light wants to prevent this violence. The only way this can happen is if the entire community becomes involved. This is a human issue; everyone is affected when people are robbed or murdered. No one is exempt. We need to act together to stave off the violence in our community. Do not sit back and accept the violence and settle for violence being a way of life. There is a God and through God all things are possible all we have to do is try and ask Him to guide our steps.

The men in prison are the link to our financial security. Our community has been devastated by the absence of these men from the home. These men are needed to build families and make our communities prosperous and safe. They do not need to spend their entire life in prison. Touched By The Light Publishing knows some of you do not want to be bothered with these men. You want them to be punished and forgotten about. Well, we cannot forget about them because if we do we will continue to attend more and more funerals. This is not the time to be ashamed. This is the time to act. Most parents want their sons or daughters to succeed once they are released from prison. We must act now to see that they can. Our community will never heal unless we confront the violence. Touched By The Light would like for you to participate in **The Wall Project**. All that we are asking is that you purchase a set of books for a prisoner and that you ask your friends, family, neighbors, coworkers, etc. to go to our website at [www.touchedbythelight.us](http://www.touchedbythelight.us) and purchase a set of books for a prisoner. **The Wall Project** provides us a tremendous opportunity to make a difference in the lives of those impacted by all forms of violence." Join

us in making **The Wall Project** a success purchase a book for a prisoner. You will be the better for it. Do not let your anger or distain toward offenders prevent you from helping.

"The word of mouth program in our communities has the ability to increase the awareness and information about violence to a much larger audience than our company can alone, and as a result, together we can make a difference in so many more lives of people who are struggling to get free from the violence." We are tasked by God to provide the word to other men because for without a teacher how are they to learn or believe Roman 10:14-15.

**A Set of Books For Male Prisoners - \$75.00**



**A Set of Books For Female Prisoners - \$80.00**



Please make money orders/checks payable to **"The Women and Children Restoration Ministries P.O. Box 7267, Ann Arbor, Michigan 48107.** © email us for more information [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com) **A set of Books for Male Prisoners – \$75.00**

**A set of Books for Female Prisoners is \$80.00**

Help us with this project. Anyone can land in prison including an innocent man. It is our obligation to attempt the rehabilitation of men and women in prison. Why, for our own safety. We live in a parole state. If these men and woman are not changed while in prison the only

behavior we can expect of them once paroled is recidivism. If nothing else help us for your own self-protection and the sake of your children. Our community is crippled because our men cannot or do not read. This announcement brought to you by **The Women of Courage Show WHPR 88.1FM.** We broadcast every Friday from 3 to 4 pm and every Sunday from 8 to 9 am. Join us - Our goal is decrease violence and mayhem and increase reading and learning. Your mind must be flexible. You must always anticipate the intervening variable or the unintended consequence. **He who reads sees.**



# Listen To The Women of Courage Show

On Your Radio, Phone, Computer Or ROKU

Every Friday 3 to 4 pm Every Sunday 8 to 9 AM on WHPR 88.1FM

## We Would Like For You To

### Join The Women of Courage Show and Purchase A Book For A Prisoner



WILL YOU HELP US? Will you spread the word that we are looking for women to help us with our prison ministry? Our prison ministry is trying to reach

women with **sons and/or brothers in prison**. We would like for these women to help us **halt** the growing population of **incarcerated men**. **If you have a relative in prison or know of a woman with a loved one in prison, please email us at [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com) for the dates, times and location of our Saturday meetings.** We must teach men to read to keep them from entering prison or before they leave prison. Men are now entering prison for killing their children. This has to stop. The two cases we recorded a man kicked his child to death because the man lost a video game. Another man killed his three children. We can reduce these murders by teaching men to read, to think clearly and to manage their emotions. Edward James Olmos said, "**Education is a vaccine for violence.**" We must do everything in our power to stop these heinous murders. Reading is important because it organizes the mind. Reading forces you to control your emotions and to engage in higher level thinking. Think about it. Many men go to jail every year because they do not think; they are driven by their emotions. They do not know how to solve their problems. They do not know there is more to life. There is a saying, give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime. We say teach a man to read and he can read not only how to fish he find out anything else that crosses his mind. If you do not read or dislike reading or have not read a book in years you are missing out on the world. You are your lesser self.

## Listen To The Women of Courage Show

On Your Radio, Phone, Computer Or ROKU

WHPR 88.1FM Every Friday 3 to 4 pm Every Sunday 8 to 9 AM

**PLEASE REACH OUT TO US at [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com) or 734 786 32333. WHEN WE WORK TOGETHER WE WIN**

All book purchases for prisoners must be shipped by the publisher. We will need prisoner's name, location and prison number. We want men returning to the community changed for the better.

# The Women of Courage Show

WHPR 88.1 FM From 3 to 4 pm on Fridays and from 8 to 9 am on Sundays

IT IS OUR BELIEF THAT WHEN WE WORK TOGETHER WE WIN

## Become a Sponsor of the Women of Courage Show by Inviting Ten women for a pleasant afternoon to listen to us speak at your venue. Help Us Change our Community to One of Peace and Harmony

The Women of Courage Show is supported by the Women and Children Restoration Ministries to help women problem solve and to help women realize their dreams. Women should believe that anything is possible. Our sole purpose is the restoration of injured women both physically and mentally. We meet twice a month on Saturday at local restaurants to discuss subjects germane to women. We see five main problems of Black women that we must solve ourselves.

1. **Sexual abuse of children– bringing unrelated males into home-fail to note behavior changes**
2. **Rape and murder of Black women – failure to learn warning signs**
3. **Breast cancer – failing to be examined**
4. **Sex trafficking of women – accepting prostitution as a way of life**
5. **Economic trials of Black women due to inability to read or lack education**

Learn how to become a sponsor of The Women of Courage Show by speaking to our spokesperson, Rene of WHPR, at [renes881fm@gmail.com](mailto:renes881fm@gmail.com) She will tell you all about it or leave a message at 734 786 3233

We believe you can be a successful businessperson. You can develop your business and employ others. We believe you can educate yourself all you have to do is learn to read competently and learn not to be afraid of change. We want you to take a chance on yourself. Stop believing all of the soothsayers around you that have never left the state in their lives, people who do not have the courage to fly. You can live an exciting life all you have to do is believe that you can make your dreams come true. You do not have to go to bed with someone you despise day in and day out. You can live in a luxurious home. You do not have to settle. The characteristics of a successful person are focus, belief and persistence.

Join Our Saturday Discussion Group. Email us at [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com) for dates, times, and location. If you start reading you can stop working at Wendy's

DON'T FORGET TO DOWNLOAD THE BOOKLET "BLACK WOMEN AND BREAST CANCER" - at [www.touchedbythelight.us](http://www.touchedbythelight.us) and SHARE WITH FIVE OTHER WOMEN

**'It is easier to build strong children than to repair broken men... "Knowledge makes a man unfit to be a slave." If there is no struggle there is not progress.' Frederick Douglas**

Do you feel sad? Do you feel that your life is out of control? Do you feel that nothing is going to change? Have you resigned yourself just to accept the world as you see it? If so, you need more than just a

little encouragement. You need a major change in your life. You need to do two things you need to make up your mind to change and come to our meetings learn how to discipline your mind. You are not helpless. You can change your environment and you do not have to be like other women. You need to be disciplined. You need to develop follow through and learn how to encourage yourself when you feel desperate. Develop a plan and acquire knowledge.



The problem is poverty and the lack of a quality education Median Wealth for Single Black Women: \$100, for Single Hispanic Women: \$120, for Single White Women: \$41,000 - You must fight for your children to control of your mind and circumstances



Do not let depression and helplessness paralyze you. We can close this gap but we need to start working together  
Attend our meetings and go

From This

To This



We meet at several locations every month. Email [yithril11@netzero.net](mailto:yithril11@netzero.net) –for our schedule. Do not allow yourself to be pushed into prostitution, selling drugs or dancing nude at a neighborhood bar shaming your children. You need to come to our meetings alone. It is time for you to learn you need to make decision on your own. Why wait to learn you need to make decisions on our own when the man that your girlfriend told you to bring home from the bar is chasing you down the street with a knife and your children are hollering in the background. You have nothing to lose. You change your hair at the suggestion of a magazine. Why not change your life from a suggestion from me. You are capable of change you just need to learn how. Minister Gloria G. Lee “If you do not read how do you know you have the right answer.” “ IF YOU ARE WORRIED ABOUT GOING TO HEAVEN COME OUT AND HELP US DO SOME GOOD WORKS”

**Since the month of October is Breast Cancer Awareness Month and the National Domestic Violence Awareness Month we offer the following four lifesaving statements to end our discussion.**

## It Is Time

It is time to pick up the children. It is time to feed the dog. It is time to go to work. It is time to start the car. Time, Time, Time. Time governs our lives. It controls our every move. Webster defines time as the system of those sequential relations that any event has to any other, as past, present or future. We have words in our languages such as timekeeper, time lag, time lamp, time limit and time discount. If we continue to read the dictionary, we find there are over 48 words prefixed by the word time and 31 phrases where the word time is used such as make time, kill time or against time.

The number of words we used daily denoting time implies time is a very important concept. The only reason why it is important is that the use of time determines how well and how long we live. Therefore, we take time out for a break, time out for a salad and time out for sleeping. What we do not do as women is take time out for our safety and welfare. As you read this book you will become acutely aware women are out of time. We no longer have time to sip a cup of tea, to dance in the street or listen to a symphony. Ask the women who were murdered in their beds how much time they had. Ask the women who were murdered by his husband's mistresses how much time did they have. Ask the elderly women beaten to death for their money and household items how much time did they have. They cannot answer you because their time was taken away from them. Ask the woman who was shot to death putting her children aboard a school bus. Ask the woman who was murdered by a carpet cleaner servicing her home how much time she had. Ask the woman who was murdered by a cable installer servicing her home how much time she had. Ask the woman who was found lying in her bed with seven knives sticking out of her body how much time did she have. These women cannot answer you. Someone in an instant decided to take everything these women had including their time.

There will be no more seasons for these women. There would be no more baby showers, weddings, birthday parties, picnics, or office parties for these women. Their time on earth was taken away from them. All that is left of them are a few pictures and memories in the minds of their friends and families. These women were not afforded the dignity of dying of old age with old age being the symbol of a long, successful life.

Because people are not faced with the tragedy of murder everyday people do not give it a second thought. People tend to believe murder happens to someone else. We believe prosperity and affluence protects us from murder. We believe murder always happens somewhere else and to someone else. Murder happens in someone else's neighborhood not my neighborhood. Murder happens in someone else's family never my family. Yet, murder not only happens somewhere else it happens next door to us, and it also happens in our homes. Women must awake from their sleep. We say if you are a woman every morning you wake up you are out of time.

Excerpt from the series Do This In Remembrance of Me, Volume One Part One, The Deadliest Moment

## The Black Woman is Now Out of Time

The Black woman is now out of time. Death is facing her. He stands directly in her path. He stands at the bus stop, he sits in the bar, and he sleeps in her beds waiting for her. He is standing to the right of you, and he is standing to the left of me. Death has made himself visible appearing daily in her life. He is no longer acting in the shadows because his confidence has grown. He believes he can defeat her, so he does not care if he is seen. He has declaring victory although all black women are not dead. He says how can he not be victorious when a will woman stands by and see her children murdered, turned into prostitutes, or sent to prison? How can he not be victorious when black women are killing one another? Death believes Black women are so divided by jealousy, so filled with self-hatred and envy and so determined to be different because of self-loathing that Black women cannot see him in the daylight waiting for them? Black women are still whispering as if a mere voice can save them.

Death knows he is close to victory because black women are dying every day of **Aids, Breast Cancer, and Ignorance** and there is no outcry; there is no gathering together for a remedy or solution. One man killed 12 black women in **California** and there was no outcry. One man killed 17 black women in **Wisconsin** and there was no outcry. One man killed 12 Black women in **Ohio** there was no outcry. One man killed 12 black women in **North Carolina** and there is no outcry. One man killed 30 Black women in **Florida** and there is no outcry. Death knows he is winning every time there is no outcry. Death is so confident that he has Black women in his grip that he has attacked their children. Hundreds of children are raped and or murdered in their beds every day by their mother's boyfriends and there is no outcry. Death says since all the above is true how can he not win? Death knows every time a black woman refused to support another black woman he is winning. Death knows every time a black nurse is disrespected by black females working in a hospital, he is winning **1Peter 3:10**.

Death knows every time a Black supervisor is demeaned by the black women, she supervises he is winning. Death knows every time a black woman justifies herself for going to bed with her best girlfriend's husband he is winning. Death knows every time one black woman kills another black woman over a man he is winning. Death knows every time a mother advises her daughters to dance nude in a bar he is winning. Death knows he is winning every time Black women refuse to come together to fight a common enemy. Death knows he is winning because Black women refuse to follow one another because of distrust and past betrayals. Death is **now shouting** that he is winning because there is no one on the battlefield working toward the betterment of Black women; telling black women to fight breast cancer and HIV/Aids with every fiber of their being because a motherless child is the most wretched human being on the earth as they are turned into pimps' convicts and whores. Death knows he is winning because Black women hate themselves knowing they do not matter. Death knows Black women constantly move their mouths in defiance but are speechless when asks to truly believe.

Death has become bolder still. He has called upon the **trinity of trouble, worry fear and doubt**, to land the lethal blow. He believes worry fear and doubt will finally force the black woman to succumb to sexual sin and violence. Death believes he is only a few years from completing his task. In 1865 death was not able to defeat the black woman because she had not given up after being raped for 468 years by White men. Death knows in the past he was not able to defeat the Black woman when she saw her husband hanged in front of her or when her children were taken. Death knows in the past he did defeat her because she believed in herself, her self-esteem was high, and she lived off hope. Death now chips away at the Black woman's defenses believing if he keeps Black women separated and suspicious of one another and embroiled in sexual debasement and narcotics one day he will land that lethal blow.

## The Threat of Death for Black Women

### There is Only One Concern “How Well Do You Think”

Black women die for the reasons listed below. The reasons for their deaths separate them from the rest of the world. The causes of death of Black women need to be brought under control. When a woman dies the lives of her children change forever and the family unit has a greater possibility of being destroyed.

Natural Causes - Old age

Hepatitis - Avoid risky behaviors such as sharing needles.

Diabetes - Change diet and lose weight – Make a commitment to yourself.

Drug addiction - Seek counseling – Attend a rehab clinic –Change associates – Move

Heart Disease - Change diet and exercise.

Asthma - Reduce weight, change your living environment, and reduce stress.

Breast Cancer -Neglect - failing to get tested\*

Uterine Cancer -Neglect - failing to get tested\*

HIV AIDS - Abstain from sex if single – used condoms even while married

Follow guideline attached to prevent infection.

### Murder

Death While Pregnant\* Husband, boyfriend, or husband’s girlfriend is the assailant.

Death Due to Fornication\* Husband, boyfriend, or husband’s girlfriend is the assailant.

Death Due to Adultery\*\* Once a girlfriend is in the picture the situation becomes volatile especially if the girlfriend has a child to pressure husband to leave the wife.

Death For Profit\*\* Put insurance policies and all assets in children names with/named executor - remove temptation from husband or boyfriend. Do not assume that your children will be well taken care of by your husband or boyfriend if you die or that you will not be murdered once you are in the way

Deaths by Misadventure Having unprotected sex with either a boyfriend or husband – we now have male infected with the HIV-Aids virus who marry and withhold their medical status and have unprotected sex with their wife. A life insurance policy is a god sent for the man who does not want to work, or looking for a supplemental income

Risk Behaviors leading to communicable diseases\*

\*what we can influence

\*\* when we should be alert

Black Assailants Known to Victim

Mother's boyfriend

husband's girlfriend

0 \_\_\_\_\_ 7 \_\_\_\_\_ 18 \_\_\_\_\_ 23 \_\_\_\_\_ 54 \_\_\_\_\_

<Parental neglect >

<Boyfriend pregnant>

Black Assailants - Stranger

Mentally handicapped (retarded)

0 \_\_\_\_\_ 18 \_\_\_\_\_ 57 \_\_\_\_\_ 93 \_\_\_\_\_

<Rape>

< Assailant – stranger >

<Burglars>

Prostitutes for money, power

Black women never acknowledge or talk about murder openly - their heads are stuck in the sand. They ignore cues that could save their lives.

Professionals need to do a better job at preparing women to problem solve and breaking the barriers of ignorance. Black people must conduct a campaign to rid its community of ignorance and incorrect thinking.

Pregnancy is no longer a ticket for support – after the woman uses her body to get what she wants what does she have left for an encore? Sex is not a cure for low self-esteem. Mothers should stop teaching their girls to use sex to get ahead in life and discourage anyone else from telling their daughters this theory. He takes you on a date and buys you a chicken dinner, for that he deserves sex? We need to teach “Never Lie To Yourself.”

Avoiding Reality - Reality is not difficult to deal with if you keep in mind that everything changes – nothing stays the same – one can be effective in changing their circumstances – it takes tenacity and courage.

My son didn't do it.

My son couldn't do it.

My son is a good boy and they all believe it too.

Remember, The Young Savage, specifically the character played by, Telly Salvas, 1961

Here is a situation. Two Black brothers hear rumors that a man keeps a lot of money in his house, they break in, the man is home, and they beat him to death with a hammer. The brothers never ask themselves how they were going to find the money and whether the money they realized from the burglary would be worth their life. One brother is sentenced to life. He must serve 20 years in prison before parole, the second brother must serve 50 years before parole. We have Black brothers and cousins raping together. Black women must reconcile the fact that they raise 60% of their children now of school age. These are the same children that later sing songs demeaning Black women – we have had large number of black women murdered by black men – 20, 30, 45 women (by one man). What message are we giving our children? Is the message self-hate – disrespect – take the easy route – solve the problem by lying – just lie and pretend it did not happen – it is smart to let the women do the work? Whatever the message, the message must change. We are experiencing the destruction of the Black woman. This is not a baseless theory; this postulate can easily be proven.

\*The scale denotes age of the victims

## From The Author of The Career Rapist and Women of Courage

The series, Do This In Remembrance of Me, is a must read for every woman living in America regardless of status. Doctors, lawyers, engineers, waitresses, housewives, everyone needs to read this series because only then will you have the tools to save your life. You need to know how other women **have been** murdered in this country to protect yourself. Do not sit there thinking you are safe because the very woman who smugly thinks she is safe because of her status in life is the first woman murdered. January 19, 2009, Mrs. Elaine Anderson, the wife of a prominent Lubbock, Texas orthodontist, was shot to death in her home. Her mother, Alice Johnson, was found shot to death in her home next door. Dr. Christopher Anderson left a suicide note. May 29, 2009, Mrs. Isabel Hall, 49, of Harrodsburg, Kentucky was seen physically fighting her husband, Dr. Steven Hall, aboard their pontoon boat. Hours later her body was found in the water. She had been run over by their boat. The propeller cut her deeply on the left side of the head, her left forearm and upper arm. Her husband was charged and later convicted of manslaughter. September 21, 2009, Mrs. Diane Ward died in the master bedroom of her \$5.2 million mansion in the tony Isleworth subdivision near Orlando, Florida from a gunshot wound to the face. Her husband, Bob, phoned 911 and told the dispatcher that he had shot his wife. He was convicted.

Nothing exempts you from being murdered, not money, not station and surely not religion. Jennifer Blagg of Grand Junction, Colorado, probably thought she was safe in her marriage. She attended church regularly and tried to live a decent life. She probably never considered that her husband would commit murder after she discussed his indulgence in pornography over the Internet. She turned her back on her husband and lost her life. Her husband, Michael, shot her to death November 12, 2001, while she was sleeping. She never had the chance to fight for her life. One favorite maneuver of men is killing their wives while the women sleep. They ambush their wives or girlfriends. Men practice the art of warfare during childhood. Mr. Blagg not only shot his wife to death while she was sleeping, but he also killed their daughter, Abby Blagg, age six. Mrs. Blagg's body was found in a landfill. Abby Blagg's body was never found. Mrs. Blagg's husband preferred to kill his wife and daughter rather than face a divorce and have everyone know the divorce was due to his conduct. During his trial the prosecutor said Mrs. Blagg was seeking a divorce. She was still living at home, a fatal mistake.

Women are being murdered in this country because they do not know they are in danger. Many women live their lives wearing blinders. Lives could be saved if women are not only told danger signs and warnings, but women pay attention to this information. So many women ignore information on domestic violence, sexual assaults, and date rape because they believed this information does not apply to them because of where they live or how much money they have in the bank or their social status. "I don't want to know." "It's too awful." "I'd rather eat my lunch and think of more pleasant things." "I live in the suburbs. I do things right. I am not like those people." None of this matter when it comes to having the tools to save your life. Do not ignore any information as it relates to violence. Read this information. Rehearse this information and discuss this information with others. Murder is not a spontaneous combustion. Murder is a brew that percolates in a man's mind for years.

My research showed that women talk too much, and women make too many assumptions and that is why men can murder them. Women assume they can return home to get their clothes after a separation. They are wrong. Men use possessions, child support, and mortgage and car payments to lure women to their deaths. Forget about your possessions. You can buy new clothes. You can make new pictures. Have all payments made to the court? You cannot make any assumption when it comes to violence. **Once you have the argument and you carelessly say you want to leave your life is in danger.** Shut up during an argument. I don't care what you want to say. Shut Up. Make your plans and leave telling no one and never return. Leave the state. And do not think after the divorce that you are safe. Thousands of ex-wives are murdered every year. The men ambush them when they come home from work. They murder the women while at work or they enter their homes at night and kill their ex-wives. Men also hire hit men to kill their ex-wives. **So do not think you are safe after a divorce. Leave the state.**

Women invite murderers into their lives and into their homes. These are not flattering characteristics, but nevertheless true of many women. Understanding these facts can lead to the solutions of some murders and the prevention of others. The key lies in why women talk so much and how they make assumptions. I want women to know if women change the way they think they can reduce the possibilities that they will become a victim thus saving their life and the lives of their children.

Black women, you must learn to retreat during arguments. You walk around every day with your fists balled up because you are constantly facing disrespect and you are tired of it. You are angry at the abuse. Many of you rather fight than back down. Granted, as girls you have had to fight males to get respect, but you must realize as an adult you are facing a different animal when you are arguing. Retreat, if not for yourself retreat for your children. Stop making arguing a matter of pride. Retreat and live. Once he throws the first punch you must decide to leave. Keep your mouth shut; make your plans then leave. And keep your loudmouth girlfriend out of your business. She will not be the one to die if the man you are arguing with decides to kill. Black children are being destroyed in foster care. The most wretched human being is a motherless child. Retreat and live so that you can take care of your children and not leave them to languish in foster care. There is a child living in foster care in Oak Park, Michigan. He is not allowed to come home after school until night fall, consequently he walks the street and visits friends until he is allowed to come home. He gambles in the bathroom for spending money. If his mother was alive this would not be so.

**Retreat** during an argument and stay alive to raise your children. Also, before you work and put your husband through school you have a prenuptial agreement drawn up and signed where he is responsible for your support if he decides to graduate from college and divorce you. This money shall be in addition to the child support he has to pay. When you put your husband through school, you made a financial investment in him. You should realize a return on your investment. That's just business. Let no attorney tell you, you do not need a prenuptial agreement because you are black thinking you have no hope of realizing any money upon divorce unless you are married to a ball player. Also have your wishes recorded as to who you want to raise your children in the event of your demise. Make it clear who should receive payment of all life insurance policies.

My research shows violence is not the number one problem of women. The number one problem for women is women do not have a consensus as what we should do about violence in our country. Women remain divided. We remain divided because we keep thinking we are different from one another. Women refuse to work together. We are trying to play the man's game. We persist in being driven by the need to feel superior; the need to be the prettiest, the need to be the sexiest. As if being superior, pretty, and sexy is all there is to life. We remain separated by our breast and buttock size. We continue to allow men to divide us. We continue to allow men to think for us; men who do not necessarily have our best interest at heart. You may disagree with this statement, but I can support this assertion with reams of documentation. I began my research with the question, why do men murder women. I now know why men kill women with such regularity. I proved this after examining the murders of 20,000 American women. The answer is told by the murder of Mrs. Diane Moore Hood, age 32. Mrs. Dianne Hood, 32, of Colorado Springs, Colorado was dead, and the headline read Woman Faces Charges in Killing of Her Lover's Wife. The headline made no sense why a woman would have to kill her boyfriend's wife. What was the purpose of this madness? Why not get a divorce? As the days went on, the information unraveled, and a woman's soul was laid bare for all to see. Although, Mrs. Jennifer Reali, 28, was married she began dating Mr. Brian Hood. Her excuse her husband was away a lot. Mrs. Reali was the mother of two children (preschool-age). Her behavior would later impact their lives forever. Mr. Brian Hood, 33, was married and the father of three children. His excuse his wife had Lupus and she was having problems taking care of the house and children. His behavior would also irrevocably change the destiny of his children's lives. The key to this tragedy, Mr. Hood was an employee of the Prudential Life Insurance Company. He took out a \$250,000 policy on his wife that would pay him \$500,000 if she died accidentally. Now, all he needed was for someone to kill his wife. For this deed he asked his girlfriend. When Jennifer Reali testified in court, she said Mr. Hood asked her to kill his wife. He said, "murder is no more a sin than adultery, which we have already committed" and then "we could be together." She suggested that he divorce his wife. Brian Hood

countered this by saying he had a \$100,000 life insurance policy on his wife, and he told Jennifer Reali to "think of the money, the kind of new start it would give us." He (Brian Hood) told her Dianne, a lupus victim, would be lucky because she would be put out of her misery. Lupus is a painful, degenerative disease of the immune system.

Anyway, the plot was hatched Mrs. Diane Hood must die all that was left to decided was when, where and how. It was finally decided that Jennifer Reali would dress like a man in her husband's camouflage clothes and use his Colt .45-caliber revolver to do the deed. She purchased a black ski mask on August 31, 1990, 13 days before the murder.

Dianne Hood was shot to death September 12, 1990, as she left a support group meeting for lupus sufferers at a Colorado Springs community center. She was shot once then as she lay on the ground begging for mercy her assailant stood over her and fired again. She was shot in the heart and the lungs. She was ambushed. Two days later, September 14, 1990, Mrs. Jennifer Reali was arrested. Mr. Reali gave the police his .45-caliber Colt revolver - which proved to be the murder weapon. Jennifer Reali pleaded not guilty by reason of insanity. May 7, 1991 - A jury finds that Reali was sane when she killed Mrs. Hood. Brian Hood was arrested September 15, 1990. He pleaded not guilty. Mrs. Hood is buried September 17, 1990. Mr. Brian Hood was tried first he was found guilty of one conspiracy and two solicitation counts. He was acquitted of first-degree murder. He was sentenced to 37 years in prison. The judge sentenced Brian Hood to 15 years for one count of solicitation, and 22 years each on the second solicitation count and the conspiracy count. The 22-year sentences are to be served concurrently - after the 15-year sentence. He can be paroled in 12 years. Mrs. Reali testified against him during his trial to escape the death penalty. She was tried second in 1992. She was found guilty of first-degree murder and subsequently sentenced to life in prison without parole.

Seymour Sundell, a psychiatrist testifying as a rebuttal witness, said that Jennifer Reali knew exactly what she was doing when she put on a disguise and killed her lover's wife in a nighttime ambush. He said Reali was not psychotic and that she killed Dianne Hood with a clear intent. "The driving force of this incredibly tragic event is her dissatisfaction with her own marriage, her desire to be with Brian Hood and his refusal to divorce his wife. He found nothing wrong with Reali's logic system. The murder "may be very poor judgment, very selfish and narcissistic, but certainly not (the act of a) psychotic." The psychiatrist went on to say that she saw him (Brian Hood) as her ideal mate - tall, handsome, athletic and domestic. And with the money from a \$100,000 double indemnity insurance policy on Mrs. Hood's life, the defendant saw a chance for a storybook future

In her interview with Dr. Seymour Sundell Jennifer Reali, said Hood had seemed "charismatic," "a beautiful person" and "an excellent father. "But when he brought up the subject of murdering his wife, she chided him. "If you don't love somebody you divorce them. You don't kill them," she said she told Hood. Reali told the psychiatrist during a drive she and Mr. Hood spoke about murdering Dianne Hood, "He told me if I loved him, I would do it. "I told him if he loved me, he wouldn't make me do it. He hit the dashboard real hard. ... I can't remember what he said after that. All I know is by the time I got back I was madly in love with him." A nationally known psychologist diagnosed Reali as a battered and sexually abused woman brainwashed by Brian Hood into believing that the murder was God's will. Jennifer Reali told psychiatrists of being "madly in love" with Brian Hood and of having fantasies about marrying. Do you see how Mrs. Dianne Hood's life was lost in the shuffle? She was murdered September 12, 1990. Mrs. Jennifer Reali was not convicted until April 7, 1992. Between the murder and the conviction, the entire focus was the mental condition of Jennifer Reali. A jury found Jennifer Reali guilty on charges of first-degree murder and conspiracy. Her conviction and sentenced was upheld March 10, 1994.

When Judge Joseph Weatherby sentenced Brian Hood he said he carefully weighed his decision, especially because it effectively rendered Brian Hood's children orphans. But he said, in the end, one piece of evidence settled his mind. "There's one exhibit that I remembered throughout this trial, and that is "Exhibit 74. Exhibit 74 was the photograph of Dianne Hood on display in the courtroom."

The reason why Mr. Brian Hood was convicted of two counts of criminal-solicitation is because the prosecutor believed he tried to solicit, a friend, Michael Maher, to kill his wife. One day Brian Hood was in a room and said, to Maher that his wife "needed to die" and he needed a third person to "pull the trigger" and kill her during a robbery. Since Michael Maher was the only person in the room, Maher assumed the defendant was referring to him when defendant suggested he needed someone to pull the trigger." The court said the statement satisfied the `verbal act' element of solicitation that the defendant `otherwise attempts to persuade' another to commit a crime." The judge rejected Brian Hood's plea for mercy and Mr. Hood's apology for committing adultery. The judge said Brian Hood was nothing less than a killer. **The judge remembered Mrs. Dianne Hood.** He remembered that Mrs. Hood was murdered for the benefit of her husband.

**All of us** need to work together to rid our nation of violence making our streets safe again. The first decision all of us need to make is that we are all going to get involved and do whatever we can do in any capacity to end violence in our nation. Ending violence begins with everyone. It begins with our changing and making up our minds that we are going to confront these issues with all of our resources until we see a drastic change in the statistics being reported on the number of murders and rapes being committed in this country and the number of juveniles crimes being committed in this country.

**Women need** to have open discussions with their sons regarding sex and the treatment of women. Women need to pay attention to their sons who exhibit low self-esteem and lack of confidence. If you do not constantly discuss your son's behavior with him, he may end up in prison. Mothers must train their sons not to be followers; that rape is wrong. Drugging a woman and having sex with her is rape. These subjects must be openly discussed in the home repeatedly. Bullies are stupid, not smart. Do you want to sit in a court room listening to a prosecutor tell the world your son is a rapist because he follows the crowd and abused a young woman in a dorm room? **Surely not**, so talk to your son about the treatment of women.

And finally, you need to constantly check your husband's outdoor activity. Do not sit at home and allow him to amass a fortune and put that money in his girlfriend's name. Do not let him sell your home out from under you. Do not allow him to give you a bunch of papers and tell you to sign them. Tell him to put the papers down you will read them later. If he becomes irritated, you know something is wrong. He is hiding something. Do not sign your income tax forms and allow your husband to mail the forms to the IRS. Those forms can be modified on the way to the mailbox. IRS will mail you a copy of all the income tax forms you file for any year. If you order the forms keep it to yourself. You can compare the forms returned from the IRS to the forms you signed. Do not have the forms sent to your home. Do not allow your husband to put his raises in company stocks. He may tell you he has not gotten a raise in years since you see his paycheck every week, when he told his employer he wanted to purchase company stock with his raises which he plans to sell as soon as he divorces you and leave the country for Mexico or South America where he can live cheaply for the rest of his life. Right lots of men say they hate the Mexicans or South Americans coming into the country but when they retire with their nest egg that is exactly where the men are headed. When a man hides his assets from his wife, this is economic violence. You wear Kmart clothes, scrap all the mayonnaise from the jar and never wear nylons to save money and he is pilfering the family's assets for his benefit.

You must make it a point to be friendly with some of the other wives of men working in your husband's company. You will be surprised what you will learn about company policies and raises just by listening. Keep up with your husband's bank accounts, safe deposit boxes, retirement packets and earning statement from social security. Do not wait until you are 65 years old and be shocked when you apply for social security and learn your husband has another child receiving social security under his name. Life is not Alice in Wonderland. Every now and then hire a private detective. He will help you see all around you. Remember we only have peripheral vision. With a private detective you will see in 360 degrees, what is going on behind your back! You must be assertive you will get more respect from your husband. Remember A Woman Must Always, Look, Listen and Pry. It is only good manners,

**You Cannot Tell A Rapist by His Appearance You Can Only Identify A Rapist by His Conduct. His Greatest Weapon is His Smile. His Primary Objective is Opportunity.**

Four women were raped and murdered in Maryland. The women were Ms. Boontem Anderson age 34, of Gambrills, a mother of two, Ms. Elaine Buchanan Shereika age 37, a mother, Miss Lisa Haenel age 14, of Glen Burnie, and Mrs. Debra Cobb, 37, a mother of two. Three of their murders remained unsolved for almost 20 years while their families anxiously awaited resolution. Boontem Anderson was murdered October 8, 1986. Elaine Buchanan Shereika was raped and murdered May 23, 1988. Miss Lisa Kathleen Haenel was murdered January 15, 1993, and Mrs. Debra Cobb was murdered June 13, 1994. Mrs. Boontem Anderson, 34, was stabbed, strangled, and raped in her Gambrills home. Mrs. Elaine Shereika, 37, who was raped, stabbed, strangled while jogging near her Gambrills home. Lisa Haenel, 14, was stabbed and strangled on the way to school. Mrs. Debra Cobb was handcuffed, robbed, and stabbed 14 times at work. Elaine Shereika left her home at 5:20 am to go jogging. A health activity many women across the nation had adopted. While jogging Elaine Shereika was murdered. There are three activities that women participate in that draws rapists and stalkers; one activity is waiting on tables the other activities are jogging and walking to school. These activities allow a person to sit for hours watching their intended victim from afar allowing them to gather information on their habits, timings, and other associations such as the husband or boyfriend. These activities also allow for the woman to be followed home. Miss Lisa Haenel was assaulted and murdered January 15, 1993, while on the way to school. Her assailant lived near the apartment complex where she walked. Debra Cobb, an office manager of Forestville, Maryland, was raped and murdered in 1994. Her assailant who worked in the same office plaza was apprehended, convicted then sentenced December 1994. He was sentenced to life in prison without parole. When her assailant was convicted of murdering Debra Cobb, he told the judge he had a drug problem hoping this would mitigate his sentence. He was hoping for a lesser sentence so that someday he could leave prison as a free man. He was only 24 years old. He could survive a 30-year sentenced. The man's name was Alexander Wayne Watson Jr. What no one knew the day Alexander Watson was sentenced is that Mr. Watson had been killing since he was 17 years old. He killed people he knew, he killed people who lived in his neighborhood, and he killed people strangers who crossed his path. He watched Lisa Haenel walk to school each morning. In 2004 at the age of 34 Alexander Watson was arrested in prison and charged with the rape and murder of Boontem Anderson: the rape and murder of Elaine Shereika and the murder of Lisa Haenel. Apparently in 2003 Maryland's law had caught up with technology. Three DNA samples taken from three different murder scenes matched Mr. Watson's DNA that was in the state's data bank. In 2004 the arrest was made, and three families were forced to deal with the murder of their mother once again, their child, their sister, their cousin etc. Three families had to sit in court and look at the man who irrefutably changed their lives forever. They came face to face with a man who was evil, a man who could never be redeemed. Mr. Watson was sentenced to three life terms in prison rather than being forced to face the death penalty for the murder of Elaine Shereika. He was an adult when he murdered her, he was a juvenile when he murdered Boontem Anderson and 14-year-old Lisa Haenel. No one from his family was in the courtroom when he was convicted and sentenced. This case represents the circumstances of what is consider stranger murders. In these cases, the assailant and the victim have a tangential relationship. They meet at one point in time example at a bus stop, or as a customer as an employee in a liquor store or convenience store or they are linked through someone else's relationship example a son visiting his mother in a senior citizen building. In one case Mr. Watson worked at a fast-food restaurant with one of the victim's sons. The solution of stranger and acquaintance murders is causing investigators to now look throughout the neighborhood not just for adult males but for juveniles. You cannot tell a rapist by what he looks like or his age you can only identify a rapist by his conduct. In 2010 Mr. Guy Shannon Jr., 45, was arrested for driving while intoxicated. Because of state law his DNA was taken. When his DNA matched the DNA taken from the body of a murder victim, he was arrested in 2012 for the March 1989 rape and murder of Marcia Lynn Davis, 20. Miss Davis was strangled to death. He will now have to answer in court why his DNA was found in the body of Miss Lynn who was raped and murdered in an abandoned building in Kansas City, Missouri. The point here is Mr. Shannon has been walking around this country for 23 years looking in the faces of women and not one woman knew he was a possible rapist and murderer. Not one woman; not his aunt, not his mother, not his sister, not his grandmother, not his cousin, not his coworkers, not one woman, who met this man in the past 23 years ever thought he was capable of rape and murder. If they did, they kept their suspicions to

themselves. Mr. Shannon Jr. was AWOL from the Marines when Marcia Davis was murdered. You cannot tell a rapist by what he looks like you can only identify a rapist by his conduct. Now we await the jury's verdict in the death of Marcia Lynn Davis, 20, March 1989. The women of this country should say enough is enough. We need to work for legislation, so these men are imprisoned forever. Why must we wait until five or six women are murdered before we act? When Gerald Montgomery, 35, was arrested for the March 9, 2007, abduction, rape and murder of Laura Winterbottom, 31, his wife said her husband had gone downtown at about 9 p.m. the night of Winterbottom's death and returned about 1:30 the next morning with a red stain down one arm. Montgomery told his wife he had "jacked" someone. Other rapists have told their wives that the blood in or on the car was because they had hit a deer on the road. Leona Montgomery told police that after the killing Mr. Montgomery was nervous, not sleeping, "and spent a number of days looking out the apartment windows as if he was waiting for something or someone." He chose to plea bargain with the prosecutor for a reduced sentence. Ms. Winterbottom was a graphic designer. She was abducted from a restaurant parking lot after having dinner with her sister. The operative word to describe a rapist is the word opportunity. Can he see an opportunity to snatch and disable his victim putting him in control? This is how Dru Sjordin was murdered. Her assailant saw an opportunity. She was talking on the phone allowing him to get close to her. All a rapist needs is opportunity. He will act. He will act immediately or return after surveilling the area several times setting up the kill scene (Lisa Haenel). A rapist is always looking for an opportunity. He will smile to appear friendly and look for isolation or helplessness in his victim. Above all he will strike. Ask yourself, have I set up an environment for a rapist to strike. If so, correct your behavior. The reason why the rapist has been successful is that women have failed to realize more than half the assaults committed against women are not related to domestic violence. We are so preoccupied with the word domestic violence the rapist has escaped our attention. We need to consider all assaults against women. Women should now see the extent of gender violence with the 2012 conviction of Air Force Instruction Luis Walker for rape: the 2013 arrest of Mr. Ariel Castro for kidnapping, and the sterilization of California women and the NY prostitution case.

This book is about the above women and women such as Tara Stratton, 18. Tara Stratton's assailant waited for his opportunity to strike. He did not have the face of a rapist. No one expected this behavior. What shocked most people were the assailant was so ordinary in his person. He used his position to gain access to the victim. His actions were unexpected. Who goes around raping and murdering your son's ex-girlfriend? Read carefully there is much to learn. This knowledge may save your life.

"Rot in hell!"

Her grandmothers, Nancy Boucher and Betsy Stratton

Tara Stratton lived in Barre, Vermont. She was a regular teenager. In a few months of her death defense attorney would try to paint her as a person who used drugs and had illicit sex. The tactic did not work. The person Tara Stratton was, was expressed by the conduct of her family. They came to court for justice, and they were patient enough to wait for it. When reading about Tara Stratton's murder trial one is struck by the number of relatives Ms. Stratton had. How lucky she was to have known both her grandmothers. This writer has never seen either of her grandparent's male or female. Grandmothers are special people and people are fortunate when they have two grandmothers alive and well at the same time. The contrast between the victim's family and the assailant family demonstrates why one should be selective in who one chose to form associations. Tara Stratton died between 10:15 p.m. on Thursday, and noon on Friday, January 17, 2003. When her killer left her apartment, he believed that he had gotten away with rape and murder. He believed no one would know he had hit Tara Stratton in the head stabbed Tara Stratton to death and mutilated her body by cutting off her breast. He believed that no one would suspect him, not even his wife or son. Who would believe he raped and murdered his son's girlfriend? Well, Mr. Alfred Brochu, 50, got a rude awakening when police handcuffed him and took him to jail to answer for the rape and murder of Tara Stratton. March 12, 2003, Alfred E. Brochu, 50, was charged with aggravated murder. Police were told by the state lab that the person who raped and murdered Tara Stratton was not her ex-boyfriend (he volunteered his DNA as did several other males who were her friends) but someone closely related to the ex-boyfriend, like a brother or a father. Mr. Brochu was a sex offender. Alfred Brochu served time in prison for raping a teenager in 1990. That prison term did nothing for his inclinations because in 1997 he was

charged with molesting a child. Law enforcement authorities in Vermont are required to protect the privacy rights of released sex offenders as a matter of law, so it was not widely known Mr. Brochu was a sex offender. Tara Stratton did not know her boyfriend's father was a sex offender. We do not imagine her ex-boyfriend discussed his father's criminal history with Tara Stratton.

There were two obstacles that the defense could not overcome in the 2004 trial of sex offender, Alfred Brochu. A white truck was seen leaving the apartment building where Tara Stratton lived (he drove a white truck) and DNA evidence taken from Ms. Stratton's body matched a male relative of her ex-boyfriend, a close male relative. People may want to ignore the science of global warming but the fact that our genetic makeup comes from two individuals, a person's father, and mother, is irrefutable. Mr. Brochu had run out of lies and schemes. There was no plausible explanation of how his DNA was found at a murder scene and he was at work during the time the DNA was deposited. The DNA came from seminal fluid not a cheek swab. A DNA match is not an opinion it is a fact. Mr. Brochu luck had run out. Years earlier he had assaulted a woman making her disrobe. He was never prosecuted because the woman was too terrified to testify. He had assaulted other females and was only mildly inconvenienced by the justice system. His petty successes bolstered his belief that he could kill and get away with it. October 23, 2004, after hours and hours of deliberation a Vermont jury declared Mr. Alfred Brochu guilty of the first-degree murder of Tara Stratton. Lead prosecutor Cindy Maguire had convinced the jury that Mr. Alfred Brochu was guilty and should serve out the rest of his life in a Vermont prison. He was found guilty of aggravated murder. The murder was committed during another felony, the rape. Vermont has mandatory sentencing laws for aggravated murder. Alfred Brochu stabbed Tara Stratton in the heart and lungs and then cut off her breasts. Vermont murder convictions are automatically appealed. March 7, 2008, the appeal was heard, and the appeal was denied. Now Mr. Brochu will spend at least 30 years before he dies repeatedly telling his wife and son that he is innocent he is not a rapist and a murderer. Let us see how long his wife and son can stomach the lies. The death of Tara Stratton has caused many people to say the Vermont's Sex Offender Registry Law should be changed to provide more information to the public. The jury did not know any of his history, that Mr. Brochu sexually assaulted a 15-year-old girl in 1991. The jury brought back a verdict based on what they thought the evidence showed.

However, shocked you may be by the murder of Tara Stratton it is a common occurrence for a female to be attacked by male relatives of their boyfriends or ex-boyfriends or their brother in laws. Uncles have raped and murdered their nephew's girlfriends and ex-girlfriends. Men have raped and murdered their wives' sisters and mothers. Brothers have helped one another rape and murder and dispose of bodies (Cook brothers). The fact that the father of Ms. Stratton's ex-boyfriend decided to act on his impulse should not shock you. He lived a despicable life. His mind was a sewer as noted by the murder of Tara Stratton. It is when we do not think ill of some of our fellow men is when we get in trouble. The world teaches men should discriminate based on race when actually men should discriminate based on conduct. People who lie cheat and steal who break the law however slight have character flaws and those flaws can lead to rape and murder. Therefore, if your fiancé's family is corrupt it is better to find another fiancé. Finding the right partner for you takes self-control. If your boyfriend's mother sells drugs, how can you marry him. She will want to babysit your children then what. If your boyfriend's father is a pimp, how can you marry your boyfriend? You could never leave your children around their grandfather. If you notice corrupt behavior in a family walk away. In this book you will read about several men helping their buddy abduct a woman off the street. The men did not rape or murder the woman they just helped their buddy abduct the woman. Character flaw! Visiting a buddy at a dope house is a character flaw. Allowing someone to smoke marijuana in your car is a character flaw. Driving with someone that is going to pick up some dope is a character flaw. The father of Tara Stratton's ex-boyfriend had character flaws any behavior was permissible to him. Therefore, knowing the moral fiber of your boyfriend's family is just as important as knowing your boyfriend. If you observe corrupt behavior, find another boyfriend. Some of the women we discuss were raped and murdered by their boyfriend's relative that was a convicted rapist. In fact, one woman was killed by her ex-boyfriend's uncle shortly after the uncle got out of prison. The police working that case would not let the case go. They were determined to find the killer. They poured over the evidence of hours interviewing and re-interviewing people in the area where the child's new car was found. Finally, they spoke to a person who saw a man walking away from the car. The child was 18 years old just like Tara Stratton.

She had everything to live for just like Tara Stratton. She should be alive today just like Tara Stratton. This is why we say the next time you look in a man's face you will realize how great the possibility is that you are looking into the face of a rapist because the number of rapists in the country is growing. Not all men are rapists, but we know that the vast majority of rapists are men. Any time you look into the face of a man you must realize you are looking into the face of a rapist. We do not care if the man is White, the young and White kill as often and with as much frequency as the old and Black. Nothing precludes a man from being a rapist. Nothing! Any time you look into the face of a man you must realize you have a 100% chance of looking into the face of a rapist. This is a lifesaving assumption. To think counter to this assumption is to put your life in that man's hands. Accepting this fact may save your life or you can avoid being raped.

Cases in point: July 30, 2013, San Diego **Mayor Bob Filner asked** the City Council to cover his legal bills in the sex harassment lawsuit filed against him by a former aide. Later Lisa Curtin, the director of government and military education at San Diego City College, became the eighth woman to accuse the mayor of unwanted sexual advances. Friday August 16, 2013, former New York Yankee outfielder, Chad Curtis, 44, was convicted in Michigan of (fondling) sexually assaulting (second, third and fourth-degree criminal sexual conduct) three underage girls between the ages of 13 and 16 in 2012 while serving as a substitute teacher and weight-room strength trainer coach at a Lakewood, Michigan high school. He can be sentenced to a maximum of 15 years in prison. August 17, 2013, Natheer Abdul-Razzaque and his brother, Hashim, of Columbus, Ohio responded to the screams of a woman. Leanna Whitlock was found stabbed 50 times with a screwdriver and a butter knife. She was repeatedly raped by David Hudson, a family friend who was staying with her husband after recently getting out of jail. Whitlock told police Hudson forced her to perform oral sex several times, as well as stabbed her, punched her, and attempted to suffocate her with a pillow. David Hudson also reportedly told Whitlock if she did not comply, he would kill her. After the ordeal Mrs. Whitlock said, "He didn't ruin my life because I won. I beat him, he didn't kill me. "I want to make sure that he never gets out, he never sees the light of day again." Mr. Hudson was held on a \$1.5 million bond. August 23, 2013, a Goldman Sachs managing director was charged with raping a 20-year-old woman while vacationing in the Hamptons. The incident allegedly took place in a four-bedroom home that Jason Lee, 37, rented with his wife. Police responded to a disturbance call from the home. His lawyer says his client is an "investment bank managing director who has never been in trouble in his life, never accused of any impropriety at all."

We again repeat the phrase you have a 100% chance of looking into the face of a rapist every time you speak to a man. It does not matter if this man is your father, brother, cousin, uncle or grandfather, or whether the man is a uniform police officer or a fireman. Every time you speak to a man you have the possibility of speaking to a rapist as testified by the number of women listed as raped and murdered in this book. When Margaret Lynn Eaton of Georgia looked into the face of Maurice Henderson, she was looking into the face of the man that would later rape and murder her. He was a sex offender from Ohio hired by someone in her organization to work as a house parent at the Georgia juvenile detention center. You do not know the history of the people working around you so you should be cautious. A thorough background check should be made of anyone working around children and a thorough background check should be made of any male you are dating or any male you may be around for any length of time. This was not done, and Ms. Margaret Lynn Eaton lost her life December 26, 1984. Any time you look into the face of a man you must realize you are looking into the face of a rapist. We do not care if the man is White, the young and White kill as often and with as much frequency as the old and Black. Nothing precludes a man from being a rapist. Nothing! Any time you look into the face of a man you must realize you have a 100% chance of looking into the face of a rapist. This is a lifesaving assumption. To think counter to this assumption is to put your life in that man's hands.

## You Are to Remember This Statement For The Rest of Your Life

You have a 100% chance of looking into the face of a rapist every time you speak to a man. It does not matter if this man is your father, brother, cousin, uncle or grandfather, or whether the man is a uniform police officer or a fireman. Every time you speak to a man you have the possibility of speaking to a rapist as testified by the number of women being raped and murdered in this country. Any time you look into the face of a man you must realize you are looking into the face of a rapist. We do not care if the man is White, the young and White kill as often and with as much frequency as the old and Black. Nothing precludes a man from being a rapist. Nothing! A man's heights, his weight, the shape of his head, his hair color, his shoe size or his race does not determine his proclivity to rape. Any time you look into the face of a man you must realize you have a 100% chance of looking into the face of a rapist. This is a lifesaving assumption. To think counter to this assumption is to put your life in that man's hands.

Two cases in point - In 1985 Bennie Adams of Ohio was dating Gina Gay Tenney's neighbor. What no one knew is Mr. Adams was watching Ms. Tenney. He continued his surveillance of her until he was able to enter her apartment where he raped and murdered Gina Tenny. It was reported October 7, 2014, in the article '7th Heaven' Dad Stephen Collins Admits to Molesting Underage Girl, Fallout Reaches Hollywood, by Suzy Byrne that actor Stephen Collin confessed to his now ex-wife that he molested an underage girl and expose himself to two others.

Human behavior does not follow the predictability of a roll of the dice therefore we say, the next time you look into the face of a man you must realize how great the possibility is that you are looking into the face of a rapist because the number of rapists in the country is growing. We are all not the same. Not all men are rapists, but we know that the vast majority of rapists are men. Any time you look into the face of a man you must realize you are looking into the face of a rapist. We do not care if the man is White, the young and White kill as often and with as much frequency as the old and Black. Nothing precludes a man from being a rapist. Nothing! We can prove this statement. **All you must do is read** the number of old rape and murder cases being solved by DNA. This fact is also supported by the case studies documented in the series Do This In Remembrance of Me (<https://nsv.info>). Men living in our community sitting down to breakfast and dinner with their wife and children are now being convicted in our courtrooms for rapes they committed 10, 12 or 15 years ago. When asked their neighbors say, "Oh he was a really nice guy. Give you the shirt off his back." Little did the neighbor know he was living next door to a rapist. Any time you look into the face of a man you must realize you have a 100% chance of looking into the face of a rapist.

This is a lifesaving assumption. To think counter to this assumption is to put your life in that man's hands. Accepting this fact may save your life or you can avoid being raped. When you look in the face of your neighbor, coworker, cousin, grandfather, brother, father, or husband, you have a 100% chance of looking in the face of a person who will rape or kill you or any other woman or child. There are no exceptions. The conviction of Colonel Russell Williams, a top commander in the Canadian Air Force, of rape and murder and the conviction Thomas McCarthy, 44, a well-known firefighter of Fairview Park, Ohio, for rape is proof of what the Institute says that every time you look into the face of a man you have a 100% chance of looking into the face of a rapist. There are no exceptions. Make an exception lose your life. Make no assumption you might make it to old age.

You have a 100% chance of looking into the face of a rapist every time you speak to a man. It does not matter if this man is your father, brother, cousin, uncle or grandfather, or whether the man is a uniform police officer or a fireman. Every time you speak to a man you have the possibility of speaking to a rapist as testified by the number of women being raped and murdered in this country. Any time you look into the face of a man you must realize you are looking into the face of a rapist. We do not care if the man is White, the young and White kill as often and with as much frequency as the old and Black. Nothing precludes a man from being a rapist. Nothing! A man's heights, his weight, the shape of his head, his hair color his shoe size or his race does not determine his proclivity to rape. Any time you look into the face of a man you must realize you have a 100% chance of looking into the face of a rapist. This is a lifesaving assumption. To think counter to this assumption is to put your life in that man's hands. It is a matter of rape:

“Fairy tales do not tell children the dragons exist. Children already know that dragons exist. Fairy tales tell children the dragons can be killed.” G.K. Chesterton

The Rape, Abuse & Incest National Network reports someone in the United States is sexually assaulted every two minutes, and on average there are 207,754 victims (age 12 or older) of sexual assault every year. Yet the following statements are made regarding rape:

"Some girls **rape** easy."

“Rape is one of many forms of Conception”

Is an abortion justified in cases of rape?

"From what I understand from doctors, that's really rare," (pregnancy caused by rape). "If it's a legitimate rape, the female body has ways to try to shut that whole thing down. But let's assume maybe that didn't work or something. I think there should be some punishment, but the punishment ought to be on the rapist."

Dr. Lauren Streicher, an assistant professor at the Feinberg School of Medicine at Northwestern University in Chicago, said, “You let me know if you find the doctor that knows how a uterus knows which sperm to ward off.

“..what if someone isn't forcibly raped and for example, a 12-year-old who gets pregnant? Should she have to bring this baby to term?

“Well I just haven't heard of that being a circumstance that's been brought to me in any personal way and I'd be open to hearing discussion about that subject matter.”

“...there are very few pregnancies as a result of rape, fortunately, and incest.”

“If you really — there are very few pregnancies as a result of rape, fortunately, and incest, compared to the usual abortion.” . “What is the percentage of abortions from rape? It is tiny. It is a tiny, tiny percentage.”

Rape may result in higher rates of pregnancy than consensual intercourse.

A 1996 study in the American Journal of Obstetrics and Gynecology reported that “among adult women an estimated 32,101 pregnancies result from rape each year.”

At least half of teenage pregnancies are caused by adult men

The [American Congress of Obstetricians and Gynecologists](#) says “Each year in the U.S., 10,000-15,000 abortions occur among women whose pregnancies are a result of reported rape or incest.” This is a fraction of the total number of rape-pregnancies, given that “an unknown number of pregnancies resulting from rape are carried to term.”

“Rape is rape, and the idea that we should be parsing and qualifying and slicing what types of rape we are talking about doesn't make sense to the American people and certainly doesn't make sense to me.”  
President Barack Obama, August 2012

"If you move, I'll kill you; if you scream, I'll kill you; if you look at me, I'll kill you."

In 1988 Quintin Keith Wortham, the man who spoke the above phrases, was sentenced to 376 years in prison for five rapes and one attempted rape in Denver, Colorado. The sentence was the longest in state history at the time. He served 19 years of this sentence before he died in 2007. Authorities believe he raped more than 100 women from June 5, 1985, until May 10, 1986. Imagine one hundred women heard him repeat the above phrases. "If you move, I'll kill you; if you scream, I'll kill you; if you look at me, I'll kill you."

Maine Rep. Lawrence Lockman, then president of the Pro-Life Education Association, said in a letter **sent in 1990** that he didn't see why rape shouldn't be acceptable if abortion is legal. "If a woman has [the right to an abortion], why shouldn't a man be free to use his superior strength to force himself on a woman?" "At least the rapist's pursuit of sexual freedom doesn't [in most cases] result in anyone's death." The Huffington Post said Rep. Lockman released a statement February 27, 2014, in which he said he regrets his comments. "I have always been passionate about my beliefs, and years ago I said things that I regret. "I hold no animosity toward anyone by virtue of their gender or sexual orientation, and today I am focused on ensuring freedom and economic prosperity for all Mainers."

The Institute says that every time you look into the face of a man you have a 100% chance of looking into the face of a rapist. There are no exceptions. Make an exception lose your life. Trust no one you might make it to old age.

# RUN

## Remember You Must Always Be Prepared to Run

Preparation to run must start the day you get married, the day you meet your boyfriend, the day you break up with your husband or boyfriend. You must always be prepared to run. This means you keep a savings account unbeknown to everyone and I mean unbeknown to everyone including your mother. You add money to this account every month. I don't care if it is one or two dollars. Money adds up. Do not have the bank statement come to the house. It is to remain forever hidden. I don't care how sweet your husband is or how considerate and nice your boyfriend is you must make one life saving assumption – you must assume your husband or boyfriend can change. Assuming that your husband or boyfriend can change can be a decision that may save your life. Men change all the time, for a new girlfriend or a better life. A man can change if you become pregnant. A man can change when he reaches the age of 50. A man can change if his business is failing. A man can change if he takes up with another woman. Knowing that men can change, you need to be prepared to run when they change. Assuming that the man in your life can change should cause you to change now and plan for your safety and the safety of your children. When men change, they will kill the wife and the children for the new life they believe is before them.

Keep your car in working order I don't care if you must stop eating. Keep your car in working order. Keep clothing rolled up in your trunk for you and your children. Ask someone that has been in the military they can tell you how to roll clothes for storage. Keep snacks in the trunk two large flashlights and batteries and four blankets. These items can be camouflaged. No one will know what they are. Think, you will need birth certificates, school records- he can track you if you use his medical insurance or pay your bills using your new address. Instruct your children to say nothing while living in a shelter. Play the game called amnesia. You were never married. You are not quite certain the name of your children's fathers. You have no siblings. Your parents are dead. You are sickly and you have no friends.

You need to find organizations that hold meetings for abuse women. You need to attend these meetings. Why! So, you can learn what these women went through to get away. So, you can learn how to survive. Lack of knowledge is no excuse for failure. Failure in your case will be the loss of your life and the lives of your children. The lives of your children depend on the decisions that you make and the decisions that you fail to make. Make the right decision. Always be prepared to run. Keep your mouth shut. No one has to know what you are thinking or doing. Do not think your mother or best girlfriend does not gossip. They do. So, if you tell them of your preparation everyone will soon know of it. When you leave, leave. You do not have to tell your husband or boyfriend you are leaving. To put it brutally frank telling your husband or boyfriend that you are leaving and where you will be or are going is stupid. I can give you a list of names of women who were murdered after telegraphing they were leaving. Keep your mouth shut, plan then leave. When I say leave go to another state or country. Let him file for a divorce. Do not think you are going to be treated fairly in divorce court. Some of these judges are members of the Christian Taliban. They believe in forcing women to marry their rapist or to share custody of their children with their rapist. Their god is the god that pays for their political campaign.

Women and children have been killed because judges would not let the women leave the state. When the women and or children are killed you can't find one judge to stand before a camera and

**discuss his decision. The judges hide in their chambers hoping the murders will blow over. These judges are not afraid of you when you stand in their courtroom waiting for their decision because you do not have any money or political power. This is why it would be smart to start your preparations to leave at the beginning of the relationship then you will be prepared to leave at a moment's notice. And do not go back. Do not go back for your clothes, favorite picture etc. Nothing! When you leave head for another state. A man killed his wife's entire family so he could get the opportunity to kill her at their funeral. He killed her family because he could not find her. Do not let anyone tell you that if you start making preparation to leave at the beginning of the relationship you have no faith that the relationship will succeed. That is poppycock. You prepare for war during peace time just in case there is a war coming in the future and you sleep with one eye open when wed just in case your husband decides to kill you in your sleep.**

**Did you know Sojourner Truth had a child with her when she ran from her slave owners? If Sojourner Truth could run from her slave owners surely you can run from your possessive boyfriend or husband. You just have to be smart about it: plan organize then leave. If you never have to run leave your bank account to your daughter and tell her what it is for so she can be prepared to run. If you doubt any of these suggestions, then read the series Do This In Remembrance of Me (<https://nisv.info>). The series chronicles the murders of 20,000 American women.**

**Do not argue (lethal combat). Never say you are leaving. Make no move to take any of your possessions from the home when he is around. Just leave when his back is turn and never return.  
Leave the state.**

**Remember You Must Always Be Prepared to Run**

## REMEMBER THESE WORDS

It has been three years since Collins' hysterectomy and radiation therapy. She now goes out of her way to tell friends and acquaintances to immediately talk to their doctors about unusual bleeding or other symptoms like pain, bloating or sudden weight loss.

"I tell them, 'Don't wait; don't wait. If it doesn't feel right, if you don't think it should be happening — check it out,'" Collins said. "I should have looked into it sooner."

In an April 2018 Rewire News story, Elizabeth Dawes Gay, of Black Mamas Matter, directly addressed the racial disparities element in maternal mortality: "Those of us who want to stop black mamas from dying unnecessarily have to name racism as an important factor in black maternal health outcomes and address it through strategic policy change and culture shifts. This requires us to step outside of a framework that only looks at health care and consider the full scope of factors and policies that influence the black American experience. It requires us to examine and dismantle oppressive and discriminatory policies. And it requires us to acknowledge black people as fully human and deserving of fair and equal treatment and act on that belief."

As Linda Blount, of the Black Women's Health Imperative, noted during the Morehouse symposium, "Race is not a risk factor. It is the lived experience of being a black woman in this society that is the risk factor."

Serena Williams understands that. She told the BBC that she had received excellent care overall for her postpartum complications. But then she pulled back the lens. "Imagine all the other women," she said, who "go through that without the same health care, without the same response."

The National Center for Health Statistics collated maternal mortality data from all 50 U.S. states. It found that in 2018 there were an estimated 17.4 maternal deaths per 100,000 live births [when 658 women died](#). However, pregnancy-related deaths were two and a half times more common in Black mothers. Speaking about the data Bob Anderson, chief of the mortality statistics branch at the National Center for Health Statistics said on NBC, "I don't think it's as important to focus on the exact numbers. [What's important is](#) that Black women have a much higher maternal mortality rate than white women."

Throughout the pandemic, pregnant women have been listed as vulnerable and advised to take extra precautions. The differences in the rates of maternal mortality are stark and some have said they need to be looked at in the wider context of racial bias in healthcare. Statistics show that Black women are at a higher risk of [developing heart disease](#) and [having a stroke](#). Similarly, according to the Centers for Disease Control and Prevention, Black women are less likely to develop breast cancer but [40% more likely to die from it](#) than their white counterparts.

"Black women, like all women across races, [have a very hard time](#) being taken seriously about their own bodies, due to pervasive sexism," Tina Sacks, an assistant professor at UC Berkeley's School of Social Welfare and the author of *Invisible Visits: Black Middle-Class Women in the American Healthcare System* told Fortune, "[when you compound that with racism, you have a particularly toxic mixture that Black women are facing.](#)"

While some have pointed to social factors as being the reason for racial disparities in maternal mortality, others have discarded this as far too simplistic. Dr. Christine Ekechi, Consultant Obstetrician and Gynecologist, Imperial Healthcare and RCOG Spokesperson for Racial Equality said, "[behind every shocking statistic](#) is an individual woman who has died or suffered a poor health outcome. We have a duty to ensure that no woman or her family suffers unnecessarily and that we address racial inequality, where it exists."

If you do not think you are important, go back and reread the article, Children left Motherless. Nothing is more important than your health. Please join with us in defeating these health issues. You can help by simply putting this booklet in the hands of another Black woman or getting more health professionals involved. You can reach out to me, Minister Gloria G. Lee, with suggestions to help me wage this campaign. I can be reached at [murderedvoices@gmail.com](mailto:murderedvoices@gmail.com) or 734 786 3233 (leave a message and I will respond).

**Acknowledgement:** the information in this booklet was assembled from many sources by the staff of the Women of Courage Show and the Women and Children Restoration Ministries. You can find this information on the internet. We take no ownership of this information. We tried to present the information in its original format indicating all authors, organizations, and bibliographies. We assembled this booklet to provide you with as much information that we could regarding breast cancer and pregnancy deaths among Black women. We believe the more information that you have on any subject will help you make wise and informed decisions about your health and the safety of your family. If you believe something is still wrong after an examination, consult another doctor. Do not tell the second doctor what the first doctor said. You want an unbiased opinion. Even if you receive state paid health care It is your right to get the best health care available. Please share this booklet with friends and family and coworkers. God Bless

# The Black Woman And Breast Cancer

## I GOT THE MESSAGE



I EDUCATED MYSELF ON BREAST CANCER -

I EXAMINE MY BREAST MONTHLY  
I GET A MAMMOGRAM ANNUALLY  
I DO IT FOR MY CHILDREN

Hi. My name is Minister Gloria G. Lee. I am the breast cancer spokesperson for the Touched by the Light Foundation. I am reaching out to you because I need your help in reaching every Black woman in this country to tell them to get a mammogram. Black women are dying of breast cancer at a greater rate than any other race in the country. The cause is both cultural and late detection. When Black women are diagnosed with the **most virulent form of cancer (triple-negative breast cancer - more aggressive, harder to treat, and more likely to come back (recur) than cancers that are hormone-receptor-positive or HER2-positive.)** it is normally diagnosed in stage 3 or stage 4 reducing a doctor's ability to save lives. We can fix this problem by encouraging women to perform self examinations each month, get a mammogram prior to age 40, thereby reducing the time the tumor has to grow, and encouraging women to fight their fear of this

disease and think of their children. **We have to do more than wear pink and participate in a walk once a year.** If Black women can work 10 to 12 hours a day and neglect their appearance and their health to provide their children with a better life, then Black women can face their fears by educating themselves about breast cancer and examine their breasts monthly and walk into a clinic for a mammogram, determined to confront this disease. Together we faced dogs and fire hoses to obtain the right to vote surely we can face breast cancer by working together. I assembled a 46 page packet on breast cancer. We want every Black woman to read it. You can help us reach these women by going to **www.touchedbythelight.us** and downloading this packet and sending it to 5 other women. We are desperately trying to reach 1 million Black women. The death of a woman from breast cancer is a **family issue**. It is not a **gender issue**. Every one is affected by the death of a woman. Children are left motherless. They are placed in foster care where many do not survive.

We want Black women to realize breast cancer can be fought. We can win over this disease. Just because the disease is frightening does not mean we cannot stand up to breast cancer. One way to fight is to learn as much about breast cancer as possible and share this knowledge with our family and children and other men and women **who cannot read as well.** Knowledge reduces fear. **Do Not Be Afraid Educate Yourself**

**The information in this booklet was collected from various websites to provide insight into the subject of breast cancer. We tried to list all websites so you can visit for more detail information on the subject. This booklet will never be sold. It is available to be downloaded to simplify the subject of breast cancer and to make this disease less frightening to women of color.**